

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005239

FILED
Jul 18, 2006
Secretary of State

Entity Name: GUARDIAN ANGEL COMMUNITY DEVELOPMENT CORPOATION INC.

Current Principal Place of Business:

417 PROSPECT AVENUE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

417 PROSPECT AVENUE
COCOA, FL 32922

New Mailing Address:

FEI Number: 02-0636034 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALKER, DOROTHY ` DR
SE THIRD STREET
BELLE GLADE, FL 33430 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: FOX, BRENDA T VPD
Address: P.O. BOX 4
City-St-Zip: SHARPES, FL 32926

Title: T () Delete
Name: MORAGNE, WILLIE B T
Address: 3615 BROPHY BLVD.
City-St-Zip: COCOA, FL 32926

Title: PT () Delete
Name: JACKSON, ANNIE DORA PT
Address: 417 PROSPECT AVE
City-St-Zip: COCOA, FL 32922

Title: S () Delete
Name: SAM, DETTRA S
Address: 3690 SAVANNAHS TRIAL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PT () Delete
Name: JACKSON, ANNIE D PT
Address: 417 PEOSPECT AVE.
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNIE DORA JACKSON

PT

07/18/2006

Electronic Signature of Signing Officer or Director

Date