

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-05-2003 91408 036 ****70.00

DOCUMENT # N02000005239					
1. Entity Name GUARDIAN ANGEL COMMUNITY DEVELOPMENT CORPOATION INC.					
Principal Place of Business 417 PROSPECT AVENUE COCOA FL 32922			Mailing Address 417 PROSPECT AVENUE COCOA FL 32922		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 02-0636034	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WALKER, DOROTHY DR SE THIRD STREET BELLE GLADE FL 33430					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
_____ _____ _____ _____	<input type="checkbox"/> Delete		S Barbara Boone 8600 Clearlark Rd. Cocoa, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
_____ _____ _____ _____	<input type="checkbox"/> Delete		CT Stacy Copeland 413 Prospect Ave Cocoa, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
_____ _____ _____ _____	<input type="checkbox"/> Delete		P/T Annie Donna Jackson 417 Prospect Ave Cocoa, FL 32922	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____ _____ _____ _____	<input type="checkbox"/> Delete		VP Freddy L. Peterson 1540 Mercer Way Decatur, GA 30035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
_____ _____ _____ _____	<input type="checkbox"/> Delete		_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____ _____ _____ _____	<input type="checkbox"/> Delete		_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
_____ <small>Date</small>				(321) 639-8906 <small>Daytime Phone #</small>	

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☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)