

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90213 003 ****75.00

DOCUMENT # N02000006001

1. Entity Name

HOMES OF ANGELS PMA, INC.



Principal Place of Business

3808 N. 51ST STREET
TAMPA FL 33619

Mailing Address

P.O. BOX 360121
TAMPA FL 33673



2. Principal Place of Business - No P.O. Box #

P.O. BOX 360121
Suite, Apt. #, etc.
3808 N. 51ST ST

3. Mailing Address

P.O. BOX 360121
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

05-0550234

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKFORD, ERNESTO
3808 N. 51ST STREET
TAMPA FL 33619

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BECKFORD, ERNESTO	
STREET ADDRESS	3808 N. 51ST STREET	
CITY- ST- ZIP	TAMPA FL 33619	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVANS, MARVA	
STREET ADDRESS	3808 N. 51ST STREET	
CITY- ST- ZIP	TAMPA FL 33619	
TITLE	TS	<input type="checkbox"/> Delete
NAME	DAVENPORT, JESSE	
STREET ADDRESS	4309 NASSAU ST.	
CITY- ST- ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Ernesto Beckford 5/6/08 813-325-6345