

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

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90085 013 \*\*\*\*61.25

**DOCUMENT # N02000009611**

1. Entity Name  
**WITH ANGELS WINGS, INC.**



Principal Place of Business  
**410 NORTH FEDERAL HIGHWAY  
APT. #320  
DEERFIELD BEACH FL 33441**

Mailing Address  
**410 NORTH FEDERAL HIGHWAY  
APT. #320  
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**47-0901658**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**CYNTHIA L. TENBERG, P.A.  
3170 NORTH FEDERAL HIGHWAY  
SUITE 100-L  
LIGHTHOUSE POINT FL 33064**

## 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**  
**After September 10, 2003, min will be \$236.25**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **President**  
STREET ADDRESS **Joanne Colangelo**  
CITY-ST-ZIP **410 N. Federal Highway #320**  
**Deerfield Beach, FL 33441**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **Vice-President**  
STREET ADDRESS **Melissa Potter**  
CITY-ST-ZIP **Greenwood Drive, Route 1**  
**Box 197B**  
**Greeneburg, PA 15601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **OFFICER**  
STREET ADDRESS **Anthony Colangelo**  
CITY-ST-ZIP **16911 SE 93 Cuthbert Circle**  
**The Villages, FL 32162**

TITLE ☒ Change ☐ Addition  
NAME **Note change in**  
STREET ADDRESS **Anthony Colangelo's address**  
CITY-ST-ZIP **this is the new address**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Joanne Colangelo, President** 8/12/03 954-596-2720

CR2E037 (4/03)