

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-04-2004 90141 007 ****70.00
05-19-2004 90013 043 ****70.00

DOCUMENT # N03000003020					
1. Entity Name INTER-ANGELS FOUNDATION, INC.					
Principal Place of Business P.O. BOX 25712 TAMPA, FL 33622			Mailing Address P.O. BOX 25712 TAMPA, FL 33622		
2. Principal Place of Business 5242 Dartmouth Ave. N. Suite, Apt. #, etc.		3. Mailing Address 5242 Dartmouth Ave. N. Suite, Apt. #, etc.			
City & State St. Petersburg, Florida		City & State St. Petersburg, Florida		4. FEI Number 11-3696659	
Zip 33710		Country U.S. of A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENGLER, MARILYN 6406 NORTH 20TH ST. TAMPA, FL 33610				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: <u><i>Marilyn Gengler</i></u> (NOTE: Registered Agent signature required when re-registering) DATE: <u><i>April 28, 2004</i></u>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Enrique Mong 5242 Dartmouth Ave. N. St. Petersburg, Florida 33710				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Enrique Mong Maria Velez 5512 Arnold Palmer Dr., Apt. 1322 Orlando, Florida 32811				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Lesley Hamilton 5242 Dartmouth Ave. N. St. Petersburg, Florida 33710				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: <u><i>Lesley Hamilton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/29/04 727-322-9012 <small>Date Daytime Phone #</small>	

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