


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

54054858



2. Principal Place of Business
5242 Dartmouth Ave. N.

3. Mailing Address
5242 Dartmouth Ave. N.

Suite, Apt. #, etc.

03272004 Chg-NP CR2E037 (10/03)

City & State
St. Petersburg, Florida

City & State
St. Petersburg, Florida

4. FEI Number
11-3696659

Applied For
 Not Applicable

Zip
33710

Country
U.S. of A.

Zip
33710

Country
U.S. of A.

5. Certificate of Status Desired **\$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 *Marilyn Gengler* (NOTE: Registered Agent signature required when reinstating)

Date *April 28, 2004*

Filing Fee is \$61.25
Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	Director Enrique Mong 5242 Dartmouth Ave. N. St. Petersburg, Florida 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lucero Garcia Maria Velez 5512 Arnold Palmer Dr., Apt. 1322 Orlando, Florida 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lesley Hamilton 5242 Dartmouth Ave. N. St. Petersburg, Florida 33710	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Date *4/29/04* 727-322-9012
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR