

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005595

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** ANGELS FOR KIDS FOUNDATION, INC.

**Current Principal Place of Business:**

7020 HIGH GROVE BLVD.  
BURR RIDGE, IL 60527

**New Principal Place of Business:**

**Current Mailing Address:**

7020 HIGH GROVE BLVD.  
BURR RIDGE, IL 60527

**New Mailing Address:**

**FEI Number:** 20-0707112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLECEK, MARK S  
7575 DR PHILLIPS BLVD  
SUITE 230  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

HOLECEK, MARK S  
5201 FAIRWAY OAKS DRIVE  
WINDERMERE, FL 34786 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/19/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOLECEK, JANET L  
Address: 7020 HIGH GROVE BLVD.  
City-St-Zip: BURR RIDGE, IL 60527

Title: TD  
Name: HOLECEK, MICHAEL J  
Address: 7020 HIGH GROVE BLVD.  
City-St-Zip: BURR RIDGE, IL 60527

Title: SD  
Name: HOLECEK, KEITH D  
Address: 7020 HIGH GROVE BLVD.  
City-St-Zip: BURR RIDGE, IL 60527

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANET HOLECEK

PD

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date