2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# N03000005656

Entity Name: ANGEL HOUSE OF COMFORT INC.

Current Principal Place of Business:

417 NORTH 9TH STREET
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

417 NORTH 9TH STREET
FT PIERCE, FL 34950

New Mailing Address:

FEI Number: 11-3695133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GANDY, DONALD
1209 GEORGIA AVE
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WATKINS, SOPHIA
Address: 6972 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

Title: DV ( ) Delete
Name: GANDY, DONALD
Address: 1209 GEORGIA AVE
City-St-Zip: FT PIERCE, FL 34950

Title: DS ( ) Delete
Name: GANDY, RICHARD
Address: 1209 GEORGIA AVE
City-St-Zip: FT PIERCE, FL 34950

Title: DT ( ) Delete
Name: GANDY, JOSEPH
Address: 971 RICHARDSON ST
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MRS. SOPHIA WATKINS DP 07/07/2005

Electronic Signature of Signing Officer or Director — Date