

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008981

FILED
Jan 31, 2009
Secretary of State

Entity Name: ANA'S ANGELS, INC.

Current Principal Place of Business:

4525 HOOD ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4525 HOOD ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 56-2407865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACREYNOLDS, ANA
4525 HOOD ROAD
JACKSONVILLE, FL 32257 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: P () Delete
Name: MACREYNOLDS, ANA
Address: 4525 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: WRIGHT, DIANE
Address: 5260 TACITO TRAIL
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: TIERNEY-MADSEN, SUZANNE
Address: 2507 LYNNHAVEN
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: GRESS, SANDRA
Address: 4654 BANKHEAD AVENUE
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANA MACREYNOLDS

P

01/31/2009

Electronic Signature of Signing Officer or Director

Date