2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N03000009769

Entity Name: BLUE ANGEL BENEFIT FUNERAL FUND, INC.

Current Principal Place of Business:

12937 CANDLEWOOD DRIVE
#3
DADE CITY, FL 33525 US

New Principal Place of Business:

P.O. BOX 820
DADE CITY, FL 33526 US

Current Mailing Address:

15245 MYRTLE STREET
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 36-4542683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUAREZ, AURORA M
15245 MYRTLE STREET
DADE CITY, FL FL 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: D,P ( ) Delete
Name: JUAREZ, AURORA M
Address: 15245 MYRTLE STREET
City-St-Zip: DADE CITY, FL 33523 US

Title: D,VP ( ) Delete
Name: ALEXANDER, MARTHA
Address: 16046 CATALINA DRIVE
City-St-Zip: DADE CITY, FL 33523 US

Title: D,T ( ) Delete
Name: MEZA-HARRIS, ROSALINDA
Address: 18803 MISTY SHORES LANE
City-St-Zip: LUTZ, FL 33549 US

Title: D ( ) Delete
Name: VALADEZ, BEATRIZ
Address: 38011 SHADOW DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: D (X) Delete
Name: NYSTROM, MARCIA
Address: 11546 MEADOWLANE DRIVE
City-St-Zip: DADE CITY, FL 33525 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D,VP (X) Change ( ) Addition
Name: ALEXANDER, MARTHA
Address: P.O. BOX 820
City-St-Zip: DADE CITY, FL 33526 US

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: AURORA M. JUAREZ MRS. 04/30/2005
Electronic Signature of Signing Officer or Director — Date