

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009769

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** BLUE ANGEL BENEFIT FUNERAL FUND, INC.

**Current Principal Place of Business:**

15245 MYRTLE STREET  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

15050 BYRON STREET  
DADE CITY, FL 33523 US

**Current Mailing Address:**

P O BOX 820  
DADE CITY, FL 33526 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 ST  
DADE CITY, FL 33523 US

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

JUAREZ, AURORA M  
15050 BYRON STREET  
DADE CITY, FL 33523 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:

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D,P ( ) Delete  
Name: JUAREZ, AURORA M  
Address: PO BOX 820  
City-St-Zip: DADE CITY, FL 33526 US

Title: D ( ) Delete  
Name: ALEXANDER-LIMAS, ANGELICA M  
Address: P.O. BOX 820  
City-St-Zip: DADE CITY, FL 33526 US

Title: D ( ) Delete  
Name: MEZA-HARRIS, ROSALINDA  
Address: PO BOX 820  
City-St-Zip: DADE CITY, FL 33526 US

Title: D ( ) Delete  
Name: VALADEZ, BEATRIZ  
Address: PO BOX 820  
City-St-Zip: DADE CITY, FL 33526 US

Title: D ( ) Delete  
Name: JUAREZ, VIRGINIA C  
Address: P O BOX 820  
City-St-Zip: DADE CITY, FL 33526

Title: D ( ) Delete  
Name: LOZA, ISELA  
Address: P O BOX 820  
City-St-Zip: DADE CITY, FL 33526

**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:

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 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: AURORA M. JUAREZ

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date