

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009769

FILED
Mar 30, 2010
Secretary of State

Entity Name: BLUE ANGEL BENEFIT FUNERAL FUND, INC.

Current Principal Place of Business:

15050 BYRON STREET
DADE CITY, FL 33523 US

New Principal Place of Business:

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
15050 BYRON STREET
DADE CITY, FL 33523 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
Name: JUAREZ, AURORA M
Address: PO BOX 820
City-St-Zip: DADE CITY, FL 33526 US

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

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

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

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

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

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: AURORA M JUAREZ

PRES

03/30/2010

Electronic Signature of Signing Officer or Director

Date