2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 27, 2006 8:00 am
Secretary of State
05-11-2006 90235 004 ****61.25

DOCUMENT # N05000003494

1. Entity Name

ANGEL FLIGHT MISSIONS, INC.

66020804

1st MOORE CR2E037 (10/05)

Principal Place of Business	Mailing Address
12622 MEMORIAL HWY., #34 TAMPA FL 33635	12622 MEMORIAL HWY., #34 TAMPA FL 33635

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 2074 Suite, Apt. #, etc.
City & State: Oldsmar Fla.	City & State: Oldsmar
Zip: 34677 Country: US	Zip: 34677 Country: US

4. FEI Number: 42-1659153 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUNT, MARCUS C
12622 MEMORIAL HWY., #34
TAMPA FL 33635

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rev. Marcus C. Hunt 04-25-06
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marcus C Hunt 12622 memorial Hwy 34 Tampa Fla. 33635 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presedent ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DeLores Hunt 12622 memorial Hwy 34 Tampa Fla. 33635 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice Presedent and secretary ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven m Hunt 12622 memorial Hwy 34 Tampa Fl. 33635 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thesurer ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcus C Hunt 06-22-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #