

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007963

FILED
Feb 03, 2006
Secretary of State

Entity Name: THE ANGELOS FOUNDATION, INC.

Current Principal Place of Business:

703 SUNNY PINE WAY, APT. B3
GREENACRES, FL 33415

New Principal Place of Business:

Current Mailing Address:

703 SUNNY PINE WAY, APT. B3
GREENACRES, FL 33415

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MICHAEL
703 SUNNY PINE WAY, APT. B3
GREENACRES, FL 33415 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 () Delete
Name: GONZALEZ, MICHAEL
Address: 703 SUNNY PINE WAY, APT. B3
City-St-Zip: GREENACRES, FL 33415

Title: D () Delete
Name: GONZALEZ, KATHLEEN
Address: 703 SUNNY PINE WAY, APT. B3
City-St-Zip: GREENACRES, FL 33415

Title: D () Delete
Name: GONZALEZ, MARYLOU
Address: 3309 NE 14TH TERR.
City-St-Zip: POMPANO BCH, FL 33063

Title: D () Delete
Name: MCGUINNESS, JENNIFER
Address: 509 5TH LANE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GONZALEZ, MARYLOU
Address: 3300 NE 14TH TERR.
City-St-Zip: POMPANO BCH, FL 33063

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 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: MICHAEL GONZALEZ

D

02/03/2006

Electronic Signature of Signing Officer or Director

Date