

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000848

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ANGELS TRACE FOUNDATION, INC.

## Current Principal Place of Business:

124 E. COLONIAL DRIVE  
ORLANDO, FL 32801 US

## New Principal Place of Business:

## Current Mailing Address:

2862 WILLOW BAY TERRACE  
CASSELBERRY, FL 32707 US

## New Mailing Address:

124 E. COLONIAL DRIVE  
ORLANDO, FL 32801 US

FEI Number: 20-4218778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLIER, ALICE  
2862 WILLOW BAY TERRACE  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

COLLIER, ALICE  
919 WEBER STREET  
ORLANDO, FL 32803 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:

04/30/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COLLIER, ALICE  
Address: 2862 WILLOW BAY TERRACE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: BROOKS, MICHAEL  
Address: 124 E. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: BROWN, LONNEEN  
Address: 124 E. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: OBER, AMANDA  
Address: 124 E. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: FAJARDO, JOSE  
Address: 124 E. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: PRATT, PAULA  
Address: 124 E. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COLLIER, ALICE  
Address: 919 WEBER STREET  
City-St-Zip: ORLANDO, FL 32803

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: ALICE R. COLLIER

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date