

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000848

FILED
Apr 12, 2009
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:

124 E. COLONIAL DRIVE
ORLANDO, FL 32801 US

New Mailing Address:

P.O. BOX 536951
ORLANDO, FL 32853 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
919 WEBER STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

COLLIER, ALICE
5449 BALDWIN PARK STREET
ORLANDO, FL 32814 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:

04/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: P.O. BOX 536951
City-St-Zip: ORLANDO, FL 32853

Title: D (X) Change () Addition
Name: BROOKS, MICHAEL
Address: P.O. BOX 536951
City-St-Zip: ORLANDO, FL 32853

Title: D (X) Change () Addition
Name: BROWN, LONNEEN
Address: P.O. BOX 536951
City-St-Zip: ORLANDO, FL 32814

Title: D (X) Change () Addition
Name: PRATT, PAULA ESQ
Address: P.O. BOX 536951
City-St-Zip: ORLANDO, FL 32853

Title: D (X) Change () Addition
Name: HIMES, HEATHER ESQ
Address: P.O. BOX 536951
City-St-Zip: ORLANDO, FL 32853

Title: D (X) Change () Addition
Name: DELOACH, JENNIFER
Address: P.O. BOX 536951
City-St-Zip: ORLANDO, FL 32853

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

04/12/2009

Electronic Signature of Signing Officer or Director

Date