2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005578

Entity Names ANGELVA/OOD FOLINDATION

FILED Mar 27, 2009 Secretary of State

Entity Name: ANGELWOOD FOUNDATION INC. **Current Principal Place of Business: New Principal Place of Business:** 4674-2 HOOD ROAD JACKSONVILLE, FL 32241 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 24925 JACKSONVILLE, FL 32241 FEI Number: 20-0368640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMALL BUSINESS ASSOCIATES INC. 4070 HERSCHEL STREET JACKSONVILLE, FL 32210 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KELLY, BRIAN Name: KELLY, BRIAN Name: POST OFFICE BOX 24925 Address: POST OFFICE BOX 24925 Address: City-St-Zip: JACKSONVILLE, FL 32241 City-St-Zip: JACKSONVILLE, FL 32241 Title: ED Title: () Delete () Change () Addition TUTTLE, DIANE Name: Name: Address: POST OFFICE BOX 24925 Address: City-St-Zip: JACKSONVILLE, FL 32241 City-St-Zip: Title: () Delete Title: (X) Change () Addition GRAMLING, NADINE Name: GRAMLING, NADINE Name: POST OFFICE BOX 24925 Address: POST OFFICE BOX 24925 Address: City-St-Zip: JACKSONVILLE, FL 32241 City-St-Zip: JACKSONVILLE, FL 32241 Title: () Delete Title: DP () Change (X) Addition Name: Name: WILLIS, ROBERT S Address: Address: 503 MONROE STREET City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: () Change (X) Addition ADAMS, SCOTT Name: Name: PO BOX 41285 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32203 Title: () Delete Title: () Change (X) Addition WENDELL, BILL Name: Name: Address: Address: 10151 DEERWOOD PARK BLVD., BUILDING 100 JACKSONVILLE, FL 32256 City-St-Zip: 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: DIANE TUTTLE ED 03/27/2009