2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2009
Secretary of State

DOCUMENT# N07000003906

Entity Name: FURY'S ANGELS FOUNDATION INC

Current Principal Place of Business:

11250 NW 16TH CT.
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11250 NW 16TH CT.
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-8989314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DIXON, ANONKA
11250 NW 16TH CT.
PEMBROKE PINES, FL 33026 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: PD ( ) Delete
Name: DIXON, ANONKA
Address: 11250 NW 16TH CT.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VD ( ) Delete
Name: HARRINGTON, GAYLA
Address: 11250 NW 16TH CT.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD ( ) Delete
Name: WOOTEN, BARBARA
Address: 20810 WEST DIXIE HWY
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: TD ( ) Delete
Name: SOCOL, ROBERT
Address: 20810 WEST DIXIE HWY
City-St-Zip: NORTH MIAMI BEACH, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GAYLA HARRINGTON V 09/14/2009

Electronic Signature of Signing Officer or Director — Date