

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000433

FILED
Jun 08, 2009
Secretary of State

Entity Name: THE ANGEL OF HEALTH FOUNDATION, INC.

Current Principal Place of Business:

1550 N.W. 56TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1550 N.W. 56TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

KENNEY, COLUMBUS
1550 N.W. 56 STREET
MIAMI, FL 33147 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: VP () Delete
Name: KENNEY, COLUMBUS
Address: 1550 N.W. 56TH STREET
City-St-Zip: MIAMI, FL 33142

Title: VP () Delete
Name: ALLEN, ROOSEVELT JR.
Address: 17014 N.W. 66TH CT
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: SANGSTER, AGNES
Address: 9925 N.W. 25 AVE
City-St-Zip: MIAMI, FL 33147

Title: P () Delete
Name: GOLDEN, ANITA
Address: 1955 NW 85 STREET
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: CONE, MORTISHA
Address: 4210 NW 23 COURT, APT B
City-St-Zip: MIAMI, FL 33142

Title: T (X) Delete
Name: KNIGHT, GENESSIA
Address: 8240 NW 15 AVENUE
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: KENNEY, COLUMBUS
Address: 1550 N.W. 56TH STREET
City-St-Zip: MIAMI, FL 33142

Title: VP (X) Change () Addition
Name: ZELLA, PRATT
Address: 2840 NW 151 TERR.
City-St-Zip: MIAMI, FL 33054

Title: S (X) Change () Addition
Name: CHARON, JANETT
Address: 1270 NW 181 ST
City-St-Zip: MIAMI, FL 33169

Title: TR (X) Change () Addition
Name: DAWKINS, BETTY
Address: 5875 NW 31
City-St-Zip: MIAMI, FL 33142

Title: TR (X) Change () Addition
Name: NELSON, LUEJANEY
Address: 1290 NW 12 AVE
City-St-Zip: MIAMI, FL 33168

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: COLUMBUS KENNEY

PR

06/08/2009

Electronic Signature of Signing Officer or Director

Date