

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007541

Entity Name: FLORIDA ANGELS INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

10613 ROCHESTER WAY
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

10613 ROCHESTER WAY
TAMPA, FL 33626

New Mailing Address:

FEI Number: 80-0238632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIGPEN, KEVIN
10613 ROCHESTER WAY
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

THIGPEN, KEVIN DP
10613 ROCHESTER WAY
TAMPA, FL 33626 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: GAYLE LEWIS-BARTON

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: THIGPEN, KEVIN
Address: 10613 ROCHESTER WAY
City-St-Zip: TAMPA, FL 33626

Title: VP () Delete
Name: BOWMAN, JANICE
Address: 3327 CARLISLE AVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: T () Delete
Name: BARTON, GAYLE L
Address: 1490 69TH PLACE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D () Delete
Name: WEAVER, MICHAEL
Address: 17017 FALCONRIDGE ROAD
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: COOPER, STANOLLA
Address: 2044 E BEARSS AVE APT 209
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LEWIS-BARTON, GAYLE S
Address: 1490 69TH PLACE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

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: GAYLE LEWIS-BARTON

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date