

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010040

FILED
Apr 20, 2009
Secretary of State

Entity Name: ANGELS LIGHTHOUSE INC.

Current Principal Place of Business:

785 OAKLEAF PLANTATION PRKY #1621
ORANGE PARK, FL 32065

New Principal Place of Business:

785 OAKLEAF PLANTATION PRKY
SUITE 1621
ORANGE PARK, FL 32065

Current Mailing Address:

785 OAKLEAF PLANTATION PRKY #1621
ORANGE PARK, FL 32065

New Mailing Address:

785 OAKLEAF PLANTATION PRKY
SUITE 1621
ORANGE PARK, FL 32065

FEI Number: 80-0292063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRT, ANGELA M
785 OAKLEAF PLANTATION PRKY #1621
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

BIRT, ANGELA M
785 OAKLEAF PLANTATION PRKY
SUITE 1621
ORANGE PARK, FL 32065 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:

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BIRT, ANGELA M
Address: 785 OAKLEAF PLANTATION PRKY #1621
City-St-Zip: ORANGE PARK,, FL 32065

Title: VP () Delete
Name: BARRERA, SALVATORE
Address: P O BOX 26593
City-St-Zip: JACKSONVILLE, FL 32226

Title: S () Delete
Name: BRADY, TRACY
Address: 1848 YOKON CRT
City-St-Zip: MIDDLEBURG, FL 32068

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:

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: ANGELA BIRT

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date