

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000012160

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** ANGELS OF MIRACLES FOUNDATION CORP

**Current Principal Place of Business:**

185 WOOD DOVE AVENUE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

185 WOOD DOVE AVENUE  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 27-1531257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIRANDA, RANDALL J SR.  
185 WOOD DOVE AVENUE  
TARPON SPRINGS,, FL 34689 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:** P  
**Name:** MIRANDA, RANDALL J SR.  
**Address:** 185 WOOD DOVE AVENUE  
**City-St-Zip:** TARPON SPRINGS, FL 34689

**Title:** VP  
**Name:** MIRANDA, LAURA G  
**Address:** 185 WOOD DOVE AVENUE  
**City-St-Zip:** TARPON SPRINGS, FL 34689

**Title:** SEC  
**Name:** GARCIA, LLADNAR M  
**Address:** 10810 ROCKLEDGE VIEW DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33569

**Title:** TRES  
**Name:** MIRANDA, RANDALL J JR.  
**Address:** 13705 ROTHMAN TATE PLACE  
**City-St-Zip:** RIVERVIEW, FL 33569

I hereby 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 all other like empowered.

**SIGNATURE:** RANDALL J MIRANDA

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date