

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004580

FILED
Jan 10, 2012
Secretary of State

Entity Name: ANGEL OF HOPE MEMORIAL GARDEN OF THE PALM BEACHES, INC.

Current Principal Place of Business:

804 NORTH OLIVE AVENUE
SECOND FLOOR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

804 NORTH OLIVE AVENUE
SECOND FLOOR
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 35-2412013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROWE-LINN, PEGGY
804 NORTH OLIVE AVENUE
SECOND FLOOR
WEST PALM BEACH, FL 33401 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: D
Name: TORRES, KENNETH
Address: 3100 BUCCANEER ROAD
City-St-Zip: LANTANA, FL 33462

Title: PD
Name: STAPLETON, MARIANNE
Address: 691 FORESTERIA AVENUE
City-St-Zip: WELLINGTON, FL 33414

Title: TD
Name: FERNANDEZ, NITA D
Address: 6533 SPRING MEADOW DRIVE
City-St-Zip: GREENACRES, FL 33413

Title: D
Name: MARKSZ, ELAINE
Address: 15640 ROLLING MEADOWS CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: VD
Name: STAPLETON, JOHN
Address: 691 FORESTERIA AVENUE
City-St-Zip: WELLINGTON, FL 33414

Title: SD
Name: LINN, SARAH
Address: 8430 WHISPERING OAKS WAY
City-St-Zip: WEST PALM BEACH, FL 33411

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: MARIANNE STAPLETON

PRES

01/10/2012

Electronic Signature of Signing Officer or Director

Date