

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91250 013 ****61.25

DOCUMENT # N46214

1. Entity Name

CHOSEN ANGELS, CORP.



Principal Place of Business

254 CLEARVIEW RD.
CHULUOTA FL 32766
US

Mailing Address

254 CLEARVIEW RD.
CHULUOTA FL 32766
US

94083455



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3094083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, HELEN M.
254 CLEARVIEW RD.
CHULUOTA FL 32766

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MARTIN, HELEN M	254 CLEARVIEW RD.	CHULUOTA FL				
	GREEN, JULIE	10313 CEDARHURST AVE	ORLANDO FL 32825				
	SHERMAN, MICHELLE	471 LOWNDES SQ.	CASSELBERRY FL		DM Sherman, michelle	5024 SW 25th Ct.	Cape Coral, FL 33914
	MARTIN, GEORGE SR.	254 CLEARVIEW ROAD	CHULUOTA FL 32766				
	JONES, CALVIN (BOB)	258 CLEARVIEW ROAD	CHULUOTA FL 32766				
	JONES, DONNA	258 CLEARVIEW ROAD	CHULUOTA FL 32766				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helen M. Martin* **Helen M. MARTIN** 407.365.6515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #