

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005259

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: ANGELWOOD, INC.

## Current Principal Place of Business:

4674-2 HOOD ROAD  
JACKSONVILLE, FL 32257 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 24925  
JACKSONVILLE, FL 32241 US

## New Mailing Address:

FEI Number: 59-3212078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TUTTLE, DIANE B  
4674-2 HOOD ROAD  
JACKSONVILLE, FL 32257 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 ( ) Delete  
Name: WAHBY, ROBIN  
Address: 4600 TOUCHTON ROAD EAST #200  
City-St-Zip: JACKSONVILLE, FL 32246

Title: DVP ( ) Delete  
Name: WENDELL, BILL  
Address: 10151 DEERWOOD PARK BLVD, BLG 100  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: KELLY, BRIAN  
Address: P.O. BOX 10007  
City-St-Zip: JACKSONVILLE, FL 32247

Title: DS ( ) Delete  
Name: WEATHERBY, PAULA  
Address: 4062 CORDOVA AVE.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT ( ) Delete  
Name: ADAMS, SCOTT  
Address: P.O. BOX 41285  
City-St-Zip: JACKSONVILLE, FL 32203

Title: DP ( ) Delete  
Name: WILLIS, ROBERT  
Address: 503 MONROE STREET  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WAHBY, ROBIN  
Address: 7880 GATE PARKWAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

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

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

Title: DS (X) Change ( ) Addition  
Name: COX, ANGELA  
Address: 330 EAST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

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: DIANE TUTTLE

EX D

03/27/2009

Electronic Signature of Signing Officer or Director

Date