

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001504

FILED
Mar 10, 2009
Secretary of State

Entity Name: SILVER ANGELS, INCORPORATED

Current Principal Place of Business:

4077 PRINCE HALL BLVD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4077 PRINCE HALL BLVD
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3440350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ALLIE
1111 OLA DR.
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

WRIGHT, BRIAN
925 RED DANDY DRIVE
ORLANDO, FL 32818 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: BRIAN WRIGHT

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVANS, EHTAL
Address: 4652 SALVIA DR
City-St-Zip: ORLANDO, FL 32837

Title: SD (X) Delete
Name: FAYSON, ROBERTA
Address: 651 COMSTOCK AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: CYRUS, JOHNNIE RUTH
Address: 806 LAKE MANN DR
City-St-Zip: ORLANDO, FL 32805

Title: T () Delete
Name: FLEMINGS, KENNETH
Address: 548 VERN DR
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EVANS, ETHEL
Address: 4652 SALVIA DR
City-St-Zip: ORLANDO, FL 32837

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: BRIAN WRIGHT

CHMN

03/10/2009

Electronic Signature of Signing Officer or Director

Date