

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005903 (9)

1. Corporation Name

ANGELS' HOME, INC.



Principal Place of Business

Mailing Address

22040 PALMS WAY
APT. #105
BOCA RATON FL 33433

22040 PALMS WAY
APT. #105
BOCA RATON FL 33433

3. Date Incorporated or Qualified
12/01/1994

3a. Date of Last Report
10/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0542896

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSTON, PAULA F
22040 PALMS WAY
APT. #105
BOCA RATON FL 33433

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CAFFERTY, MICHAEL J
STREET ADDRESS 1505 GALLINULE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE DS ☒ DELETE

NAME DAVIS, SUSAN J G
STREET ADDRESS 1371 NW 13TH COURT
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE

NAME BRAUND, ALBERTET J
STREET ADDRESS 5701 CAMINO DEL SOL #302
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE

NAME BROWN, JEFF M ESQ.
STREET ADDRESS 750 S. DIXIE HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☒ DELETE

NAME LAHUE, LOUIS
STREET ADDRESS 5030 CHAMPION BLVD. #6-108
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☒ Change ☐ Addition

1.2 NAME Cafferty, Michael J.
1.3 STREET ADDRESS 1505 Gallinule Circle
1.4 CITY-ST-ZIP Delray Beach, FL 33444

2.1 TITLE DT ☒ Change ☐ Addition

2.2 NAME Braund, Albert J.
2.3 STREET ADDRESS 5701 Camino Del Sol, #302
2.4 CITY-ST-ZIP Boca Raton, FL 33433

3.1 TITLE DS ☐ Change ☒ Addition

3.2 NAME Montgomery, Christine
3.3 STREET ADDRESS 2848 N.W. 30th Street
3.4 CITY-ST-ZIP Boca Raton, FL 33434

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Albert J. Braund, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

(407) 368-9912

Date

Daytime Phone #

CR2E037 (12/95)