FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N96000000827 (3)

ANGEL HEART, INC.

Principal Place of Business	Mailing Address
994 DEER SPRINGS PORT ORANGE FL 32118	994 DEER SPRINGS PORT GRANGE FL 32119-1001

FILED
May 16 1997 8:00am
Secretary of State



					3. Date Incorporated or Qualified 3a. Date of Last Report 02/13/1996					
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number			App	lied For
21		26	26			59- 3397 158)		Not Applicable	
Suite, Apt. #, etc. 2						5. Certificate of Status Desired		\$8.75 Additional Fee Required		
						Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Z(p	Zip Country Zip C 25 29 30				ountry 8. This corporation has liability for Intangible tax un Florida Statutes				der s. 1	99.032,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered A	gent		
THANGO	RONALD D			61	Name					
	R SPRINGS			62	Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
PORT OF	VANGE FL 32119			63						
				84	City		FL	85	Zip Co	ode
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	tes, the at	bove	e-named corp	poration submits this statement for the ption's board of directors. I hereby acce		chang	ing its	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, FI	orida Stat	tutes	r the corporal S.	tion s board of directors. I hereby accep	prime appo	JAT ILIT INCI	it as re	i Bizreren
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NO	E: Registere	d Age	ent signature requi	red when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS	IN 12
TITLE	PD	☐ DELETE	1.1 TI	TLE				Cha	nge	Addition Addition
NAME	THAMES, RONALD D		12 N	AME	i					
STREET ADDRESS	994 DEER SPRINGS ROAD		138	REFT	ADDRESS					
CITY-ST-ZIP	DODT ODANOF FL DOMA				T-ZIP					
TITLE	VD	DELETE			,1-E))		······································	Cha	inde	Addition
NAME	THAMES, DREMA L	_	2.2 N/	AMF					•	
STREET ADDRESS	994 DEER SPRINGS ROAD				ADDRESS					
CITY-ST-ZIP	PORT ORANGE FL 32119				ST-ZIP		7.1			
TITLE	SD SD			TLE	51-ZIP		-	Cha	iona	Addition
NAME	THAMES, FRANCES C		3.2 N/		1				n igu	
STREET ADDRESS	1321 TENTH STREET				1000000					
	HOLLY HILL FL 32117				ADORESS					
CITY-ST-ZIP TITLE	TD	DELETE	3.4. C 4.1 TI		ST-ZIP			Cha	000	Addition
NAME	THAMES, BUFORD E SR	□ bittit						VIII	u i No	Pres Valueige
	1321 TENTH STREET		4.2 N		4000000					
STREET ADDRESS	HOLLY HILL FL 32117				ADDRESS					
CITY-ST-7IP TITLE	HOLLI THE IL SETT	DELETE	4.4 CI 5.1 TI		T-ZIP			Cha	nna	Addition
								ᆸᄱ	n Ma	L AGORDII
NAME			5.2 N/							
STREET ADDRESS					ADORESS					
CITY-ST-ZIP			_	_	T- 2 IP					
TITLE		☐ DELETE	6.1 TI					☐ Cha	nge	Addition
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 S1	TREET	ADDRESS					
CITY-ST-ZIP			6.4 CI	ITY-S	T- 2 IP					
	are another that the information arresting	d with this filing doop not avail				d in Section 110 07/3Vi) Floride Statute	- 1 foodbaa		45-44-5	

4. I do 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 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 18 changed, or on an attact/men) with an address.

SIGNATURE

4/28/97 (904) 760 636 /