

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90110 034 ****61.25

0003013

DOCUMENT # N96000001578

1. Corporation Name

THE ANGELS RENAISSANCE CENTER, INC.

190447 - 90110 - 34

Principal Place of Business

1038 ALOHA WAY
LADY LAKE FL 32159

Mailing Address

1038 ALOHA WAY
LADY LAKE FL 32159



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

59-3390332

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

9. Name and Address of Current Registered Agent

DUFFY, M. GRACE
1038 ALOHA WAY
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME D
DUFFY, GRACE M
STREET ADDRESS 1038 ALOHA WAY
CITY-ST-ZIP LADY LAKE FL 32159

TITLE ☐ DELETE
NAME D
DE MALO, MARY ANN
STREET ADDRESS 1658 GARCIA CT.
CITY-ST-ZIP LADY LAKE FL 32159

TITLE ☐ DELETE
NAME D
DUGGAN, JOANNE
STREET ADDRESS 1612 CASEY RD.
CITY-ST-ZIP NAKOMIS FL 34275

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIR. LINDA TETTA, SECRETARY** ☐ Change ☒ Addition
1.2 NAME **LINDA TETTA**
1.3 STREET ADDRESS **1703 SONORA CT.**
1.4 CITY-ST-ZIP **LADY LAKE, FL 32159**

2.1 TITLE **DIR MAUREEN DONOVAN** ☐ Change ☒ Addition
2.2 NAME **MAUREEN DONOVAN**
2.3 STREET ADDRESS **11001 SE SUNSET HARBOR RD**
2.4 CITY-ST-ZIP **SUMMERFIELD, FL 34491**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Tetta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

Date

352-750-3110

Daytime Phone #

CR2E037 (11/98)