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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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

2a. Mailing Address

3. Date Incorporated or Qualified

03/18/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3390332

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
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 (1/198)