2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000003841

AN ANGEL'S HELPING HAND FOUNDATION, INC.



FILED Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90102 011 ****61.25

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Principal Place of Business 1003 SWEETWATER BLVD \$ LONGWOOD FL 32779 US		1003 SWE	Mailing Address 1003 SWEETWATER BLVD S LONGWOOD FL 32779 US				a igair s aila rsail abila a	B ilis 10 141 88410 44 7 0 5	RAK OLOG KULI (OLO	
2. Principal F	lace of Business	3. Mailing	3. Mailing Address							
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			E	☐ CHECK HERE IF MAKING CHANGES			
City & Stat	9	City 8	City & State			4. FEI Number	JUNE HE HE HE HE HE HE HE		Applied For Not Applicable	
Zip	Country	Zip		Cou	ntry	5. Certificate o	f Status Desired	□ \$8.75	Additional	
	6. Name and Address of Cu	irrent Registered	Agent	1		7. Name and A	ddress of New Re	gistered Agent	· <u>·</u>	
	The second secon	8 m	_ < -		Name					
BOLTON, DANIEL A					Street Address (P.O. Box Number is Not Acceptable)					
	EETWATER BLVD S				Street Address (P.O. Box Number is Not Acceptable)					
LONGWO	OD FL 32779									
				-	City			FL Zip	Code	
8. The above	named entity submits this statem	ent for the purpos	e of changing its	registere	d office or regis	stered agent, or both	in the State of Flori	da. I am familiar	with, and accept	
	ions of registered agent.			5		Boldon				
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SIGNATURE.	<u> </u>	-DLE			t xees	me Dice	<u>هر</u>	3 92/0	<u> </u>	
`	Signature, typed or printed name of registered	d agent and title if applica	ible. (NOT	E: Hegistered	Agent signature requ	uired when reinstating)		DAILE 4		
							.			
I	FILE NOW: FEE IS \$61.25	i	Election Car Trust Fund C		~ —	\$5.00 May Be Added to Fees		e Check Paya a Department		
	5		nusi i una c	ZOTILI IDULIC	л. 🗀	Added to Fees	Fiorida	a Department	Oi State	
10.	OFFICERS AN	ND DIRECTORS		11.	· · · · · ·	ADDITIONS/CHA	NGES TO OFFICER	S AND DIRECTOR	RS IN 10	
TITLE	D	* - :	☐ Delete	TITLE				Cha		
NAME				NAME	:				-	
STREET ADDRESS 1003 SWEETWATER BLVD SOUTH			•	STREE	ET ADDRESS					
CITY-ST-ZIP LONGWOOD FL 32779				CITY-	ST-ZIP					
TITLE	D Delete			TITLE				☐ Cha	inge	
NAME	BOLTON, THOMAS A			NAME	:					
STREET ADDRESS 1003 SWEETWATER BLVD SOUTH					T ADDRESS					
CITY-ST-ZIP	LONGWOOD FL 32779			_	ST-ZIP					
TITLE	D BLACKFORD, ROBERT M	حيد. سي	ـــِ 🔲 Delete _ ـِ حــِ	, TITLE		. <u>~</u>		Cha	inge 🔲 Addition	
NAME	BLACKFORD, ROBERT M	NOUTH		NAME	l l					
STREET ADDRESS CITY-ST-ZIP	1003 SWEETWATER BLVD S	SOUTH			ST-ZIP					
	LONGWOOD FL 32779			_					inge 🔲 Addition	
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CITY-ST-ZIP		4 4		CITY-	ST-ZIP					

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

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3/25/03

407-862-3434