

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000002349**

1. Entity Name

ANGELS FOR LIFE COMMUNITY OUTREACH CENTER INC.

Principal Place of Business

**1040 NE 215 ST
MIAMI FL 33169**

Mailing Address

**975 NE 87TH STREET
MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0745796☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCRAY, NORCELL
975 NE 87TH STREET
MIAMI FL 33138**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MCRAY, NORCELL	
STREET ADDRESS	975 NE 87 ST	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AD	<input type="checkbox"/> Delete
NAME	MCRAY, ANTHONY	
STREET ADDRESS	975 NE 87 ST	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input type="checkbox"/> Delete
NAME	WALLS, IZELLA	
STREET ADDRESS	4415 SW 153 AVE	
CITY-ST-ZIP	MIRAMAR FL 33027	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	POITIER, MARCELL	
STREET ADDRESS	19022 NW 57TH STREET	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	CLINCH, SYLVIA	
STREET ADDRESS	3147 NW 66 STREET	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ADM	<input type="checkbox"/> Delete
NAME	THOMAS/DONALDSON, HOITINCIA	
STREET ADDRESS	13250 NW 28 AVENUE	
CITY-ST-ZIP	MIAMI FL 33154	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIG. Norcell M. McRay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Director****3/7/02 (305) 758-7171**
Date Daytime Phone #

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)