

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90044 046 \*\*\*\*70.00

**DOCUMENT # N97000002349**

1. Entity Name

ANGELS FOR LIFE COMMUNITY OUTREACH CENTER  
INC.



Principal Place of Business

PO BOX 531466  
MIAMI FL 33169

Mailing Address

975 NE 87TH STREET  
MIAMI FL 33138

2. Principal Place of Business

975 NE 87 St.

Suite, Apt. #, etc.

3. Mailing Address

3147 NW 66 St.

Suite, Apt. #, etc.

City & State

M

City & State

Miami FL

Zip

Country

Zip

33147

Country

US

4. FEI Number

65-0745796

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCRAY, NORCELL  
975 NE 87TH STREET  
MIAMI FL 33138

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MCRAY, NORCELL  
STREET ADDRESS 975 NE 87 ST  
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE AD  
NAME MCRAY, ANTHONY  
STREET ADDRESS 975 NE 87 ST  
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE C  
NAME WALLS, IZELLA  
STREET ADDRESS 4415 SW 153-AVE  
CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete

TITLE T  
NAME POITIER, MARCELL  
STREET ADDRESS 19022 NW 57TH STREET  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE P  
NAME CLINCH, SYLVIA  
STREET ADDRESS 3147 NW 66 STREET  
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE ADM  
NAME THOMAS/DONALDSON, HOITINCIA  
STREET ADDRESS 13250 NW 28 AVENUE  
CITY-ST-ZIP MIAMI FL 33154 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President/CEO  
NAME Norcell McRay  
STREET ADDRESS 3147 N.W. 66 St  
CITY-ST-ZIP MIAMI FL 33147 ☒ Change ☐ Addition

TITLE Director  
NAME Anthony McRay  
STREET ADDRESS 3147 NW 66 St  
CITY-ST-ZIP MIAMI, FL 33147 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Deputy Director  
NAME Clinch Sylvia  
STREET ADDRESS 3147 N.W. 66 St  
CITY-ST-ZIP MIAMI FL 33147 ☒ Change ☐ Addition

TITLE Administrative Support  
NAME Colondria Davis  
STREET ADDRESS 2401 NW 10 Ave  
CITY-ST-ZIP MIAMI FL 33127 ☐ Change ☒ Addition

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: *Norcell McRay* Norcell McRay

March 19, 2004 (772) 489-9775