

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002349

FILED
Apr 13, 2005
Secretary of State

Entity Name: ANGELS FOR LIFE COMMUNITY OUTREACH CENTER INC.

Current Principal Place of Business:

975 NE 87 ST
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

3147 NW 66 ST
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-0745796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MCRAY, NORCELL
Address: 3147 NW 66 ST
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: MCRAY, ANTHONY
Address: 3147 NW 66 ST
City-St-Zip: MIAMI, FL 33147

Title: C () Delete
Name: WALLS, IZELLA
Address: 4415 SW 153 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: T () Delete
Name: POITIER, MARCELL
Address: 19022 NW 57TH STREET
City-St-Zip: MIAMI, FL 33169

Title: DD () Delete
Name: CLINCH, SYLVIA
Address: 3147 NW 66 STREET
City-St-Zip: MIAMI, FL 33138

Title: ADM () Delete
Name: DAVIS, COLONDRIA
Address: 2401 NW 10 AVE
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORCELL MCRAY

DIR.

04/13/2005

Electronic Signature of Signing Officer or Director

Date