

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90091 043 ****70.00

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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

PO Box 531466

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0745796

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. 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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE **S** ☒ Delete
NAME **CLINCH, SYLVIA**
STREET ADDRESS **3147 NW 66 STREET**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Sylvia Clinch**
CITY-ST-ZIP **3147 NW 66 ST**
MIAMI FL 33142

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

TITLE ☐ Change ☐ 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:

Norcell McRay **REQUIRE** *Norcell McRay-Director 3/20/03 (305) 758-7171*

CR2E037 (10/02)