FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000003096 (1)

THE ANGEL FOUNDATION, INC.

FILED Apr 28 1998 8:00am Secretary of State

- 1760/187 (18 18/14 18/14 18/14 (18/14 18/14 18/14 18/14 18/14 18/14 18/14 18/14 18/14 18/14 18/14 18/14 18/14

Delegate at Disc	10		· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business Mailing Address				**************************************	
1408 BAYTOWNE AVENUE		1408 BAYTOWNE AVENUE		3. Date Incorporated or Qualified	
DESTIN FL 32541		DESTIN FL 32541		05/29/1997	
•				4. FEI Number Applied For	
6 Principal D	Name of Divisions	Loc Maliferations		Not Applicable	
1	face of Business	2a. Malling Address	ake me 115	5. Certificate of Status Desired S8.75 Additional	
21 Suite, Apt.	#. etc.	28 /50 AGUW (4	MEWRY ME.	Fee Required	
22	., 0.0.	Sulte, Apt. #, etc. City & Slate		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State	1 01	7. Is this nonprofit corporation a homeowners association?	
23		28 Fl. Water Be	ach, H.	☐ Yes 😿 No	
Zip	Country	L Zip a CNO	_ Country	8. This corporation owes or has paid the current year Intangible	
24	25 9. Name and Address of Currer		10	Personal Property Tax due June 30. Yes Yo	
<u> </u>	y, Name and Address of Curren	it vedisteled våeut	81 Name	10. Name and Address of New Registered Agent	
NEWSAA	N DAVIJONO E ID		1,000		
NEWMAN, RAYMOND F JR 150 EQLIN PARKWAY N.E.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	TON BEACH FL 32548		83		
			101		
			84 City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered age		Registered Agent signature requ		
12. TITLE	OFFICERS ANI	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	HARRELL, KEITH		1.2 NAME	Change Discontinu	
STREET ADDRESS	1408 BAYTOWNE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	ream, heidi		2.2 NAME	_	
STREET ADDRESS	4234 N WINFIELD SCOTT PL	AZA	2.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ 85251		2. 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
HAME	MCWASHINGTON, TONI		3.2 NAME		
STREET ADDRESS	1208 28TH AVENUE EAST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEATTLE WA 96112	DELETE	3.4. CITY-ST-ZIP		
TITLE		C3 Detele	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C/TY+SY-ZIP 5.1 TITLE	☐ Change ☐ Addition	
NAME		tal Acces	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

(602)423·5580