

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004771

1. Entity Name

THE ANGELS OF CHARITY, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90143 032 ****70.00

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 2531 WINDSOR WAY CT. WEST PALM BEACH FL 33414 | PO BOX 415 PALM BEACH FL 33480-0415 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 65-0791511 | Not Applicable |

| | |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--|

6. Name and Address of Current Registered Agent

BERKOWITZ, MITCHELL P.A.
2601 N. OCEAN AVE., SUITE F
SINGER ISLAND FL 33404

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | P/D | <input type="checkbox"/> Delete |
| NAME | SULLIVAN, DOROTHY A | |
| STREET ADDRESS | 2531 WINDSOR WAY CT. | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33414 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | TURNABEN, DEBORAH | |
| STREET ADDRESS | 10254 HUNT CLUB LANE | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SIEGEL, DENISE | |
| STREET ADDRESS | 13767 LE BATEAU LANE | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | T/D | <input type="checkbox"/> Delete |
| NAME | GERBAUER, PAMELA O | |
| STREET ADDRESS | 13811 ISHNALA CIRCLE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33414 | |
| TITLE | S/D | <input checked="" type="checkbox"/> Delete |
| NAME | MILLER, JOAN S | |
| STREET ADDRESS | 2000 EMBASSY DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUZY MINKOFF | |
| STREET ADDRESS | 3090 CHATEAU LANE | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LYNNE DOCTOR | |
| STREET ADDRESS | 943 DRURY PLACE | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33411 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARY MCCARTY | |
| STREET ADDRESS | 1109 VISTA DEL MAR DRIVE | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 | |

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

561-366-0122

Daytime Phone #

CR2E037 (9/99)