

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90046 047 \*\*\*\*70.00

**DOCUMENT # N97000004771**

1. Entity Name

**THE ANGELS OF CHARITY, INC.**

Principal Place of Business

2531 WINDSOR WAY CT.  
 WEST PALM BEACH FL 33414

Mailing Address

PO BOX 415  
 PALM BEACH FL 33480

00050303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 FLAGLER  
 Suite, Apt. #, etc. PROMENADE N.

3. Mailing Address

PO BOX 31555  
 Suite, Apt. #, etc.

City & State

WEST PALM BCH FL

City & State

PALM BEACH GARDENS FL

4. FEI Number

65-0791511

Applied For

Not Applicable

Zip

33405

Country

USA

Zip

33480-1555

Country

USA

5. Certificate of Status Desired

☒

\$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

DARLING & COMPANY

Street Address (P.O. Box Number is Not Acceptable)

11380 PROSPERITY PARK RD STE 212

PALM BEACH GARDENS

City

FL

Zip Code

33410

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]* CPA

4/25/01

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 ☐ Delete  
 NAME SULLIVAN, DOROTHY A  
 STREET ADDRESS 2531 WINDSOR WAY CT.  
 CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE V ☐ Delete  
 NAME MINKOFF, SUZY  
 STREET ADDRESS 3090 CHATEAU LANE  
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE V ☒ Delete  
 NAME SIEGEL, DENISE  
 STREET ADDRESS 13767 LE BATEAU LANE  
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE T/D ☒ Delete  
 NAME GERBAUER, PAMELA O  
 STREET ADDRESS 13811 ISHNALA CIRCLE  
 CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE S/D ☒ Delete  
 NAME DOCTOR, LYNNE  
 STREET ADDRESS 943 DRURY PLACE  
 CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE V ☐ Delete  
 NAME MCCARTY, MARY  
 STREET ADDRESS 1109 VISTA DEL MAR DRIVE  
 CITY-ST-ZIP DELRAY BEACH FL 33483

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Change ☐ Addition  
 NAME SULLIVAN, DOROTHY A.  
 STREET ADDRESS 105 FLAGLER PROMENADE N.  
 CITY-ST-ZIP WEST PALM BEACH FL 33405

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

TITLE V ☒ Change ☐ Addition  
 NAME ANAPOL, IRMA  
 STREET ADDRESS 420 US HIGHWAY 1 STE 15  
 CITY-ST-ZIP NO PALM BEACH FL 33408

TITLE T/D ☒ Change ☐ Addition  
 NAME MURPHY, CORINNE  
 STREET ADDRESS 1824 SW GREGOR WAY  
 CITY-ST-ZIP STUART FL 34997

TITLE S/D ☒ Change ☐ Addition  
 NAME SHEEHAN, JANET  
 STREET ADDRESS 12103 AREACA DRIVE  
 CITY-ST-ZIP WELLINGTON FL 33414

TITLE V ☐ 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)(l), 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]* **REDAIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)