

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90333 008 \*\*\*\*61.25

**DOCUMENT # N97000004771**

1. Entity Name

THE ANGELS OF CHARITY, INC.



Principal Place of Business

WPTV NEWS CHANNEL 5  
1100 BANYAN SBLVD  
WEST PALM BEACH FL 33401

Mailing Address

PO BOX 31555  
PALM BEACH GARDENS FL 33420-1555

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0791511

Applied For

Not Applicable

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

COATS & ASSOCIATES, P.A.  
5200 NW 33AVE  
STE 218  
FORT LAUDERDALE FL 33309

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**  
**Due By May 1, 2004**

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

TITLE PD ☐ Delete  
NAME SULLIVAN, DOROTHY D  
STREET ADDRESS 105 FLAGLER PROMENADE N.  
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE V ☐ Delete  
NAME DOCTOR, LYNN  
STREET ADDRESS 943 DRURY PLACE  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE RSD ☐ Delete  
NAME GADD, BRENDA  
STREET ADDRESS PO BOX 2349  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ Delete  
NAME LIVELY, CATHY  
STREET ADDRESS 4534 HUNTING TRAIL  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☒ Delete  
NAME WEISSMAN, MARTHA  
STREET ADDRESS 4100 N. OCEAN DR  
CITY-ST-ZIP WEST PALM BEACH FL 33404

TITLE T ☐ Delete  
NAME PANDE, MAUDE E  
STREET ADDRESS 18345 SEVILLAGE CIRCLE  
CITY-ST-ZIP JUPITER FL 33469

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Change ☒ Addition  
NAME ROHAN, HEATHER  
STREET ADDRESS 1616 BREAKERS WEST BLVD  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE V ☐ Change ☒ Addition  
NAME SHERRY, BARBARA  
STREET ADDRESS 10346 LEXINGTON CIRCLE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE V ☐ Change ☒ Addition  
NAME PATE, MARY ELLEN  
STREET ADDRESS 10854 EGRET POINT LANE  
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE CSD ☒ Change ☐ Addition  
NAME LIVELY, CATHY  
STREET ADDRESS 4534 HUNTING TRAIL  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Change ☒ Addition  
NAME PARLIAMENTARIAN D  
STREET ADDRESS MARZOTTO, DOROTHY  
CITY-ST-ZIP 504 South BEACH Rd.  
Jupiter Island, FL 33455

TITLE ☐ Change ☒ Addition  
NAME ADM. CO. D  
STREET ADDRESS WRIGHT, KEELEE  
CITY-ST-ZIP PO. Box 6734  
WEST PALM BEACH, FL 33405

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:

*Maude E. Pande* MAUDE E. PANDE, T. 4-10-04 561-575-4273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #