2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# N97000006547

Entity Name: ANGELWORKS OF JACKSONVILLE, INC.

Current Principal Place of Business:

1670 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1670 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3477539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOCKER, EILEEN G
1670 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BLOCKER, EILEEN
Address: 1670 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: GALVIN, JEAN
Address: 3071 HENDRICKS AVE
City-St-Zip: JAY, FL 32207

Title: D ( ) Delete
Name: GUNVILLE, MARGARET
Address: 9750 SHARING CROSS DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: SCOGGINS, TERESA
Address: 8220 LAKE WOODBOURNE DR WEST
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN G BLOCKER P 04/21/2004

Electronic Signature of Signing Officer or Director — Date