

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006547

FILED
Apr 27, 2006
Secretary of State

Entity Name: ANGELWORKS OF JACKSONVILLE, INC.

Current Principal Place of Business:

9086 CYPRESS GREEN DRIVE
201
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

9086 CYPRESS GREEN DRIVE
201
JACKSONVILLE, FL 32256 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
403 15TH AVE SOUTH
JACKSONVILLE BEACH, FL 32250 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: 403 15TH AVE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 Chapter 119, 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

04/27/2006

Electronic Signature of Signing Officer or Director

Date