2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# N97000006547

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
245 CAYMAN COURT
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:	245 CAYMAN CT	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	D	( ) Delete
Name:	GALVIN, JEAN	
Address:	8880 OLD KINGS RD	
City-St-Zip:	JACKSONVILLE, 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 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 BLOCKER P 04/17/2008

Electronic Signature of Signing Officer or Director — Date