

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006547

FILED  
Mar 30, 2009  
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:

MILAM, EILEEN BLOCKER  
245 CAYMAN COURT  
JACKSONVILLE BEACH, FL 32250 US

## Name and Address of New Registered Agent:

MILAM, EILEEN BLOCKER  
9086 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256 US

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: EILEEN BLOCKER MILAM

03/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MILAM, EILEEN BLOCKER  
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: P (X) Change ( ) Addition  
Name: MILAM, EILEEN BLOCKER  
Address: 9086 CYPRESS GREEN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

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 MILAM

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date