

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006547

1. Entity Name
ANGELWORKS OF JACKSONVILLE, INC.



Principal Place of Business
1670 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

Mailing Address
1670 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3477539

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 resigning)

DATE

FILE NOW: FEE IS \$61.25

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 **P** ☐ Delete
NAME **BLOCKER, EILEEN**
STREET ADDRESS **1670 ATLANTIC BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☐ Delete
NAME **GALVIN, JEAN**
STREET ADDRESS **3071 HENDRICKS AVE**
CITY-ST-ZIP **JAY, FL 32207**

TITLE **D** ☒ Delete
NAME **HANANIA, SANDRA**
STREET ADDRESS **11247 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **D** ☒ Delete
NAME **JOSEPH, CHARLES**
STREET ADDRESS **344 SCARLET BUGLER LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
NAME **Gunville, Margaret**
STREET ADDRESS **9750 Sharing Cross Dr**
CITY-ST-ZIP **jacksonville, FL 32257**

TITLE ☒ Change ☒ Addition
NAME **Teresa Scoggins**
STREET ADDRESS **8220 Lake Woodbourne Dr West**
CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Eileen G. Blocker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

(904) 348-5665

CR2E037 (10/02)