

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001790

1. Entity Name

THE ANGEL WALK FOUNDATION, INC.

Principal Place of Business

5117 PIGEON PLUM CIRCLE
NEW PORT RICHEY FL 34653

Mailing Address

5117 PIGEON PLUM CIRCLE
NEW PORT RICHEY FL 34653-4961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3564928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Mildred M. Acevedo

Street Address (P.O. Box Number is Not Acceptable)

5117 Pigeon Plum Circle

New Port Richey

City

FL

Zip Code

34653

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.

SIGNATURE

Mildred M. Acevedo, Pres. Mildred M. Acevedo

4-16-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PSTD ☐ Delete
NAME ACEVEDO, MILDRED M
STREET ADDRESS 5117 PIGEON PLUM CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE D ☐ Delete
NAME GORSKI, WILLIAM REV.
STREET ADDRESS 5117 PIGEON PLUM CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE D ☐ Delete
NAME GORSKI, BARBARA
STREET ADDRESS 5117 PIGEON PLUM CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE D ☐ Delete
NAME MAYS, CHRISTY
STREET ADDRESS 5117 PIGEON PLUM CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Mildred M. Acevedo, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-00

Date

727-846-7260

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE