**FILED**
**Apr 21, 2003 8:00 am**
**Secretary of State**
04-21-2003 91221 026 ****61.25

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

DOCUMENT # N99000002087

1. Entity Name
THE ANGEL MINISTRY OF JACKSONVILLE INC.

11005625

| Principal Place of Business | Mailing Address |
|---|---|
| 12477 HIGHVIEW DR<br>JACKSONVILLE, FL 32225 | 8701 HAMPSHIRE GLEN DR S<br>JACKSONVILLE, FL 32256 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 12477 Highview Dr. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville, FL | |
| Zip: 32225 Country: USA | Zip: Country: |

4. FEI Number: 59-3579830 ☐ 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 |
|---|---|
| MALEBVAN, LAURA<br>8701 HAMPSHIRE GLEN DR S<br>JACKSONVILLE, FL 32256 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 12477 Highview Dr.<br>City: Jacksonville FL Zip Code: 32225 |

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: Laura Y. Malevan 4-17-03
(Signature, typed or printed name of registered agent and title if applicable) (MORE: Registered Agent signature required when changing) 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MALEVAN, LAURA<br>8701 HEMPSHIRE GLEN DR S<br>JACKSONVILLE, FL 32256 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>MALEVAN, MIKE<br>8701 HAMPSHIRE GLEN DR S<br>JACKSONVILLE, FL 32256 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DYE, ANA<br>13041 YALIPON PL<br>JACKSONVILLE, FL 32246 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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: Laura Y. Malevan 4-17-03 9049280728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #