

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000075649

Entity Name: ANGELFORCE, INC

FILED
Dec 14, 2009
Secretary of State

Current Principal Place of Business:

112 LANE AVENUE SOUTH
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 77377
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 36-4498070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LORRAINE S
9245 SPOTTSWOOD RD.
JACKSONVILLE, FL 32208 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: LORRAINE S WILLIAMS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, LORRAINE S
Address: 9245 SPOTTSWOOD RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP (X) Delete
Name: FAULK, CONSTANCE
Address: 3968 HUNTERS LANE CIR. W.
City-St-Zip: JACKSONVILLE, FL 32210

Title: S (X) Delete
Name: WARD, VERONICA E
Address: 8930 SIBBALD RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: AS (X) Delete
Name: MATHIS, LORRAINE
Address: 1156 JENNINGS ST.
City-St-Zip: JACKSONVILLE, FL 32204

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE S WILLIAMS

P

12/14/2009

Electronic Signature of Signing Officer or Director

Date