

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90050 016 ***150.00

DOCUMENT # P96000063329

1. Entity Name

ALL GOD'S ANGELS OF S.W. FLORIDA, INC.

Principal Place of Business

**4197 TAMiami TRAIL
VENICE FL 34293**

Mailing Address

**4197 TAMiami TRAIL
VENICE FL 34293-5112**

2. Principal Place of Business

12709 Tamiami Trl.

Suite, Apt. #, etc.

3. Mailing Address

12709 Tamiami Trl.

Suite, Apt. #, etc.

City & State

Northport, FL.

City & State

Northport, FL.

Zip

34287

Country

U.S.A.

Zip

34287

Country

U.S.A.

4. FEI Number

65-0694587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYNCH, LORI
4197 TAMiami TRAIL
VENICE FL 34293**

7. Name and Address of New Registered Agent

Name **Lori Lynch**

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

12709 Tamiami Trl.

Northport

City

FL

Zip Code **34287**

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

Lori Lynch, Lori Lynch

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERON, CAROLYN	
STREET ADDRESS	433 CERROMAR LANE #541	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, LORI	
STREET ADDRESS	4621 NEKOOSA	
CITY-ST-ZIP	NEWPORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cameron, Carolyn	
STREET ADDRESS	2849 Azalea St.	
CITY-ST-ZIP	Northport, FL 34287	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Lynch	
STREET ADDRESS	4621 Nekoosa	
CITY-ST-ZIP	Northport, FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lori Lynch, Lori Lynch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

941-429-9554

Daytime Phone #