

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100002827

**Entity Name:** MARGARETS ANGELS HOME AWAY FROM HOME, INC.

**Current Principal Place of Business:**

349 TANGLEWOOD BLVD.  
ORANGE PARK, FL 32065

**Current Mailing Address:**

349 TANGLEWOOD BLVD.  
ORANGE PARK, FL 32065

**FEI Number:** 59-3712071

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WAY, MARGARET  
349 TANGLEWOOD BLVD.  
ORANGE PARK, FL 32065 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name WAY, MARGARET  
Address 349 TANGLEWOOD BLVD.  
City-State-Zip: ORANGE PARK FL 32065

Title SD  
Name MARELL, SHARON  
Address 349 TANGLEWOOD BLVD.  
City-State-Zip: ORANGE PARK FL 32065

Title TD  
Name HORNE, MURLENE  
Address 1426 ELLIS TRACE DR. W.  
City-State-Zip: JACKSONVILLE FL 32205

Title VP  
Name CYNTHIA TANNER  
Address 635 AVE. MSE  
City-State-Zip: WINTER HAVEN FL 33880

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGARET MCBRIDE WAY

PD

06/11/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date