

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011901

**Entity Name:** MINISTRY OF THE ANGELIC HOSTS, INC.

**Current Principal Place of Business:**

4520 NW 4TH ST.  
PLANTATION, FL 33317

**Current Mailing Address:**

4520 NW 4TH ST.  
PLANTATION, FL 33317

**FEI Number: 26-1496842**

**Certificate of Status Desired: No**

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

BIRD, GLENNA  
4520 NW 4TH ST.  
PLANTATION, FL 33317 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 BIRD, GLENNA  
Address 4520 NW 4TH ST.  
City-State-Zip: PLANTATION FL 33317

Title SD  
Name BIRD, ATASHA  
Address 4520 NW 4TH ST  
City-State-Zip: PLANTATION FL 33317

Title D  
Name JOHNSON, EDMOND  
Address 8207 N W W 38TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name WILSON, IRVING  
Address 4510 NW 4TH ST.  
City-State-Zip: PLANTATION FL 33317

Title T/D  
Name FRANKLIN, SHIRLEY  
Address 1110 S. 29TH AVE  
City-State-Zip: HOLLYWOOD FL 33020

*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: GLENNA BIRD**

**DIRECTOR**

**03/01/2024**

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

\_\_\_\_\_  
Date