

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010481

Entity Name: ANGELS AGAINST ABUSE, INC.**Current Principal Place of Business:**11300 4TH STREET NORTH
STE 200
ST PETERSBURG, FL 33716**Current Mailing Address:**11300 4TH STREET NORTH
STE 200
ST PETERSBURG, FL 33716**FEI Number:** 26-3964664**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HUDSON, REBECCA W
11300 4TH STREET NORTH
STE. 200
ST PETERSBURG, FL 33716 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	D/P
Name	KEARNEY, SANDY
Address	13300 4TH STREET NORTH STE 200
City-State-Zip:	ST PETERSBURG FL 33716

Title	D/T
Name	KEARNEY, BLAKEMORE
Address	11300 4TH STREET NORTH STE 200
City-State-Zip:	ST PETERSBURG FL 33716

Title	D/S
Name	RANKIN, VALERIE
Address	11300 4TH STREET NORTH STE 200
City-State-Zip:	ST. PETERSBURG FL 33716

Title	D/VP
Name	HUDSON, REBECCA W
Address	11300 4TH STREET NORTH STE 200
City-State-Zip:	ST PETERSBURG FL 33716

Title	VP/D
Name	SPINELLI, NICOLE K
Address	11300 4TH STREET NORTH STE 200
City-State-Zip:	ST PETERSBURG FL 33716

Title	VP/D
Name	KILE, HOLLI
Address	11300 4TH STREET NO, STE 200 STE 200
City-State-Zip:	ST PETERBURG FL 33716

Title	DIRECTOR, VP
Name	BALL, BRAD
Address	11300 4TH STREET NORTH STE 200
City-State-Zip:	ST PETERSBURG FL 33716

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: REBECCA W HUDSON**D/VICE PRESIDENT****01/31/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date