

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000002631

Entity Name: ANGELWINGZ FAMILY CRISIS & INTERVENTION CENTER INC.

Current Principal Place of Business:

2810 SHARER ROAD
POST OFFICE BOX 3914 SUITE 30
TALLAHASSEE, FL 32304

Current Mailing Address:

P.O. BOX 3914
TALLAHASSEE, FL 32315 US

FEI Number: 82-5305857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GISSENDANER, RAYMOND L.
1450 LAKE BRADFORD ROAD
SUITE C
TALLAHASSEE, FL 32315 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: RAYMOND L. GISSENDANER

04/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name STRICKLAND, WENDY G
Address P.O. BOX 3914
City-State-Zip: TALLAHASSEE FL 32315

Title VP
Name CORKER, AMANDA
Address P.O. BOX 3914
City-State-Zip: TALLAHASSEE FL 32315

Title T
Name CALDWELL, EQUILLA
Address P.O. BOX 3914
City-State-Zip: TALLAHASSEE FL 32315

Title PRESIDENT
Name BEACHAM, CRAIG
Address P.O. BOX 3914
City-State-Zip: TALLAHASSEE FL 32315

Title S
Name JENKINS, EUREKA
Address P.O. BOX 3914
City-State-Zip: TALLAHASSEE FL 32315

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: EUREKA JENKINS

SECRETARY

04/28/2019

Electronic Signature of Signing Officer/Director Detail

Date