

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000009943

Entity Name: ANGELS FOOD SERVICE INCORPORATED**Current Principal Place of Business:**2550 22ND STREET
SARASOTA, FL 34234**Current Mailing Address:**2550 22ND STREET
SARASOTA, FL 34234**FEI Number:** 82-2987208**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITE, ANGELA D
2550 22ND STREET
SARASOTA, FL 34234 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 P
Name WHITE, ANGELA A
Address 2550 22ND STREET
City-State-Zip: SARASOTA FL 34234

Title VP
Name WHITE, MICHAEL
Address 2550 22ND STREET
City-State-Zip: SARASOTA FL 34234

Title CFO
Name WHITE, MICHAEL D II
Address 725 NE 2ND AVE. SUITE 103
City-State-Zip: FT. LAUDERDALE FL 33304

Title D
Name WHITE, RINALDI E
Address 1401 61ST STREET S
City-State-Zip: GULFPORT FL 33707

Title D
Name WHITE, ANGELO M
Address 1111 HIGH ROAD
City-State-Zip: TALLAHASSEE FL 32304

Title D
Name WHITE, ALYSSA M
Address 2550 22ND STREET
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name HAY, JOSHUA
Address 711 NE 2ND AVENUE
City-State-Zip: FT. LAUDERDALE FL 33304

Title DIRECTOR
Name JOHNSON, RONALD
Address 711 NE 2ND AVENUE
City-State-Zip: FT. LAUDERDALE FL 33304

Continues on page 2

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: ANGELA WHITE**PRESIDENT****05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OTHER
Name OSBORNE, IMANI
Address 2626 PARK AVENUE
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR
Name HAYES, JUSTIN
Address 711 NE 2ND AVENUE
City-State-Zip: FT. LAUDERDALE FL 33304