

**2021 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

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*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 A WHITE**PRESIDENT****04/21/2021**

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