

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46214

FILED
Apr 06, 2005
Secretary of State

Entity Name: CHOSEN ANGELS, CORP.

Current Principal Place of Business:

254 CLEARVIEW RD.
CHULUOTA, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

254 CLEARVIEW RD.
CHULUOTA, FL 32766 US

New Mailing Address:

FEI Number: 59-3094083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTIN, HELEN M
254 CLEARVIEW RD.
CHULUOTA, FL 32766 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: MARTIN, HELEN M
Address: 254 CLEARVIEW RD.
City-St-Zip: CHULUOTA, FL

Title: D () Delete
Name: GREEN, JULIE
Address: 10313 CEDARHURST AVE
City-St-Zip: ORLANDO, FL 32825

Title: DM () Delete
Name: SHERMAN, MICHELLE
Address: 5024 SW 25TH CT.
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: MARTIN, GEORGE SR.
Address: 254 CLEARVIEW ROAD
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: JONES, CALVIN (BOB)
Address: 258 CLEARVIEW ROAD
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: JONES, DONNA
Address: 258 CLEARVIEW ROAD
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: MARTIN, HELEN M
Address: 254 CLEARVIEW RD.
City-St-Zip: CHULUOTA, FL 32766 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HELEN M. MARTIN

CPD

04/06/2005

Electronic Signature of Signing Officer or Director

Date