



Secretary of State
Statement of Information 17
(California Nonprofit, Credit Union and
General Cooperative Corporations) 2

SI-100

17-072711

FILED
Secretary of State
State of California

AUG 21 2017

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$20.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

26/20/00
See Secretary of State's
records for exact entity name.

This Space For Office Use Only

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State)

ANGELICA GROUP HOMES THOMAS + WILLIAM
FOUNDATION

2. 7-Digit Secretary of State File Number

1416515

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box

28830 WEE BURN WY. MENIFEE CA 92586

City (no abbreviations)

MENIFEE

State

CA

Zip Code

92586

b. Mailing Address of Corporation, if different than item 3a

P.O. BOX 905 MURRIETA, CA 92584

City (no abbreviations)

MURRIETA

State

CA

Zip Code

92584

4. Officers

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/

First Name

LILLIAN

Middle Name

DAVIS

Last Name

BENN

Suffix

Address

26433 SPANIEL LANE

City (no abbreviations)

MENIFEE

State

CA

Zip Code

92586

b. Secretary

First Name

EVERLYN

Middle Name

NONE

Last Name

JAMISON

Suffix

Address

28830 WEE BURN

City (no abbreviations)

SUN CITY

State

CA

Zip Code

92586

c. Chief Financial Officer/

First Name

PERIS

Middle Name

NONE

Last Name

LOCKETT

Suffix

Address

13808 CERISE AVE # 23

City (no abbreviations)

HAWTHORNE

State

CA

Zip Code

90250

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

LILLIAN

Middle Name

DAVIS

Last Name

BENN

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

26433 SPANIEL LANE

City (no abbreviations)

MURRIETA

State

CA

Zip Code

92586

CORPORATION — Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 5a or 5b

6. Common Interest Developments

☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The information contained herein, including in any attachments, is true and correct.

Aug. 14, 2017
Date

LILLIAN BENN
Type or Print Name of Person Completing the Form

CHIEF EXECUTIVE
OFFICER
Title

Lillian Benn
Signature