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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727481** (4)

1. Corporation Name
THE ANGELS UNAWARE, INC.

Principal Place of Business 4918 W. LINEBAUGH AVE. P. O. BOX 270040 TAMPA FL 33688-0040	Mailing Address 4918 W. LINEBAUGH AVE. P. O. BOX 270040 TAMPA FL 33688-0040
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3. Date Incorporated or Qualified 09/18/1973
4. FEI Number 23-7346870
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**O'BANION, ROSS H., JR.
4918 W. LINEBAUGH AVENUE
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in both to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **Ross H. O'Banion, Jr. Executive Director** DATE **04/06/98**

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BROOME, BRENDA
STREET ADDRESS	9471 N FOREST HILLS PLACE
CITY-ST-ZIP	TAMPA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	EMERSON, RICHARD
STREET ADDRESS	3339 HANDY ROAD APT 827
CITY-ST-ZIP	TAMPA FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	BUCHANAN, ROSALYN
STREET ADDRESS	208 W POWHATTEN AVE
CITY-ST-ZIP	TAMPA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MONFORT, EDWARD
STREET ADDRESS	4410 NORTH B. ST.
CITY-ST-ZIP	TAMPA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ALBANO, BEATRICE
STREET ADDRESS	1310 GULF BLVD, #502
CITY-ST-ZIP	INDIAN ROCKS BCH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BROOME, JON
STREET ADDRESS	9471 NO FOREST HILLS PLACE
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jerry Gibbs
1.3 STREET ADDRESS	12736 Marjory Avenue
1.4 CITY-ST-ZIP	Tampa FL 33612
2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard Emerson
2.3 STREET ADDRESS	15852 Country Lake Drive
2.4 CITY-ST-ZIP	Tampa FL 33624
3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jon Broome
3.3 STREET ADDRESS	3202 Colwell Apt 2106
3.4 CITY-ST-ZIP	Tampa FL 33614
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dolan Buchanan
5.3 STREET ADDRESS	206 W. Powhatten Avenue
5.4 CITY-ST-ZIP	Tampa FL 33604
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Trevor Smith
6.3 STREET ADDRESS	4234 Fairway Circle
6.4 CITY-ST-ZIP	Tampa FL 33624

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** Jerry Gibbs, President 04/06/98

CR2E037 (10/97)