

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 727481**

1. Entity 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**



03192004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-7346870</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

**4/20/04**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

**Ross H. O'Banion Jr. Executive Director**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000127436  
04/23/04-80074-011 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
HATFIELD, JOYCE  
12140 PILOT COUNTRY DRIVE  
SPRING HILL, FL 34610**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
BUCHANAN, DOLAN  
206 W POWHATAN AVENUE  
TAMPA, FL 33604**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
MONFORT, EDWARD  
4410 NORTH B. ST.  
TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
TODD, ERNIE  
13712 COUNTRY COURT DRIVE  
TAMPA, FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
TATUM, CONNIE  
3002 W PATTERSON  
TAMPA, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
ALBANO, ROBERT  
209 S. GUNLOCK  
TAMPA, FL 33609**

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert Albano, President**

**4/20/2004**

Date

Daytime Phone #