

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # 748562 (6)

1. Corporation Name

THE ANGELUS, INC.

Principal Place of Business

12413 HUDSON AVENUE
HUDSON FL 34689

Mailing Address

12413 HUDSON AVENUE
HUDSON FL 34689-3338



3. Date Incorporated or Qualified
08/17/1979

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1971002

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAVER, PAULINE L.
12413 HUDSON AVE.
HUDSON FL 34689

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SEABORN, JERRY

1.2 NAME

STREET ADDRESS 5915 35TH AVE N.

1.3 STREET ADDRESS

CITY-ST-ZIP ST. PETERSBURG FL

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SMITH, WILLIAM

2.2 NAME

STREET ADDRESS 4533 3RD ST. NORTH

2.3 STREET ADDRESS

CITY-ST-ZIP ST. PETE FL

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME BOOTH, STEPHEN C.

3.2 NAME

STREET ADDRESS 7510 RIDGE RD.

3.3 STREET ADDRESS

CITY-ST-ZIP PT. RICHEY FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME LEVESQUE, LUCILLE

4.2 NAME

STREET ADDRESS 12413 HUDSON AVE

4.3 STREET ADDRESS

CITY-ST-ZIP HUDSON FL

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME SHAVER, PAULINE L.

5.2 NAME

STREET ADDRESS 12413 HUDSON AVE.

5.3 STREET ADDRESS

CITY-ST-ZIP HUDSON FL

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME CADORET, RICHARD

6.2 NAME

STREET ADDRESS 1216 GREENWOOD AVE N

6.3 STREET ADDRESS

CITY-ST-ZIP ST. PETERSBURG FL

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

14. I do 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: *Pauline L. Shaver* (PAULINE L. SHAVER 4/12/97 813-856-1775

CR2E037 (9/96)