


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748562 (6) 1. Corporation Name THE ANGELUS, INC.					
Principal Place of Business 12413 HUDSON AVENUE HUDSON FL 34669			Mailing Address 12413 HUDSON AVENUE HUDSON FL 34669		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/17/1979 4. FEI Number 59-1971002 Applied For Not Applicable	
5. Certificate of Status Desired <input 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 SHAVER, PAULINE L. 12413 HUDSON AVE. HUDSON FL 34669			
10. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY - ST - ZIP	D SEABORN, JERRY 5915 35TH AVE N. ST. PETERSBURG FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, WILLIAM 4533 3RD ST. NORTH ST. PETE FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BOOTH, STEPHEN C. 7510 RIDGE RD. PT. RICHEY FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEVESQUE, LUCILLE 12413 HUDSON AVE HUDSON FL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHAVER, PAULINE L. 12413 HUDSON AVE. HUDSON FL		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CADORET, RICHARD 1216 GREENWOOD AVE N ST. PETERSBURG FL		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
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.					



CR2E037 (1097)

SIGNATURE: *Pauline Shaver* PAULINE SHAVER PRESIDENT 3/6/98 812-854-1725