


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748562

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/17/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1971002	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SEABORN, JERRY			1.2 NAME	Williamson, Orville		
STREET ADDRESS	5915 35TH AVE N.			1.3 STREET ADDRESS	7352 Isles Drive		
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP	Port Richey, FL 34668		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, WILLIAM			2.2 NAME	Lees, Eddie		
STREET ADDRESS	4533 3RD ST. NORTH			2.3 STREET ADDRESS	9530 Sunbeam Drive		
CITY-ST-ZIP	ST. PETE FL			2.4 CITY-ST-ZIP	New Port Richey, FL 34653		
TITLE	DC	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOOTH, STEPHEN C.			3.2 NAME	Parker, Frank		
STREET ADDRESS	7510 RIDGE RD.			3.3 STREET ADDRESS	5511 Drinkard Drive		
CITY-ST-ZIP	PT. RICHEY FL			3.4 CITY-ST-ZIP	New Port Richey, FL 34653		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEVESQUE, LUCILLE			4.2 NAME	Chittum, Thomas		
STREET ADDRESS	12413 HUDSON AVE			4.3 STREET ADDRESS	6704 Main Street		
CITY-ST-ZIP	HUDSON FL			4.4 CITY-ST-ZIP	New Port Richey, FL 34652		
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	VD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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			

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, with all other like empowered.

SIGNATURE: *Pauline Shaver* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

727-856-1775

Daytime Phone #

CR2E037 (11/98)