

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005259

FILED  
Apr 02, 2010  
Secretary of State

Entity Name: ANGELWOOD, INC.

**Current Principal Place of Business:**

4674-2 HOOD ROAD  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 24925  
JACKSONVILLE, FL 32241 US

**New Mailing Address:**

FEI Number: 59-3212078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TUTTLE, DIANE B  
4674-2 HOOD ROAD  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WAHBY, ROBIN  
Address: 7880 GATE PARKWAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DP  
Name: WENDELL, BILL  
Address: 10151 DEERWOOD PARK BLVD, BLG 100  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVP  
Name: KELLY, BRIAN  
Address: P.O. BOX 10007  
City-St-Zip: JACKSONVILLE, FL 32247

Title: DS  
Name: COX, ANGELA  
Address: 330 EAST BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DT  
Name: ADAMS, SCOTT  
Address: P.O. BOX 41285  
City-St-Zip: JACKSONVILLE, FL 32203

Title: D  
Name: WILLIS, ROBERT  
Address: 503 MONROE STREET  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANE B. TUTTLE

ED

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date