FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748562** **(6)**

1. Corporation Name
THE ANGELUS, INC.

Principal Place of Business	Mailing Address
12413 HUDSON AVENUE HUDSON FL 34669	12413 HUDSON AVENUE HUDSON FL 34669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/17/1979**
3a. Date of Last Report: **01/25/1994**
4. FEI Number: **59-1971002** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAVER, PAULINE L. 12413 HUDSON AVE. HUDSON FL 34669	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SEABORN, JERRY	12 NAME	
STREET ADDRESS	5915 35TH AVE N.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, WILLIAM	22 NAME	
STREET ADDRESS	4533 3RD ST. NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL	24 CITY-ST-ZIP	
TITLE	DC	31 TITLE	☐ Change ☐ Addition
NAME	BOOTH, STEPHEN C.	32 NAME	
STREET ADDRESS	7510 RIDGE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	PT. RICHEY FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	LEVESQUE, LUCILLE	42 NAME	
STREET ADDRESS	12413 HUDSON AVE	43 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	SHAVER, PAULINE L.	52 NAME	
STREET ADDRESS	12413 HUDSON AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	CADORET, RICHARD	62 NAME	
STREET ADDRESS	1216 GREENWOOD AVE N	63 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Shaver Pauline Shaver, Director 04/27/95 (813)856-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087960