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03-26-1999 90007 044 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727481

1. Corporation Name

THE ANGELS UNAWARE, INC.

Principal Place of Business

4918 W. LINEBAUGH AVE.
P. O. BOX 270040
TAMPA FL 33688-0040

Mailing Address

4918 W. LINEBAUGH AVE.
P. O. BOX 270040
TAMPA FL 33688-0040



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/18/1973

4. FEI Number

23-7346870

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

O'BANION, ROSS H., JR.
4918 W. LINEBAUGH AVENUE
TAMPA FL 33624

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when necessary)

ROSS H. O'BANION, JR.
EXEC. DIRECTOR

3/22/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME GIBBS, JERRY
STREET ADDRESS 12736 MARJORY AVE
CITY-ST-ZIP TAMPA FL 33612

TITLE S ☐ DELETE
NAME EMERSON, RICHARD
STREET ADDRESS 15852 COUNTRY LAKE DR
CITY-ST-ZIP TAMPA FL 33624

TITLE TD ☐ DELETE
NAME MONFORT, EDWARD
STREET ADDRESS 4410 NORTH B. ST.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME BUCHANAN, DOLAN
STREET ADDRESS 206 W POWHATTEN AVE
CITY-ST-ZIP TAMPA FL 33604

TITLE VP ☒ DELETE
NAME BROOME, JON
STREET ADDRESS 3202 COLWELL, APT 2106
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Board Of Directors Member ☐ Change ☒ Addition
1.2 NAME Gibbs, Marie
1.3 STREET ADDRESS 12736 Marjory Avenue
1.4 CITY-ST-ZIP Tampa FL 33612

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME Emerson, Richard
2.3 STREET ADDRESS 15852 Country Lake Drive
2.4 CITY-ST-ZIP Tampa FL 33624

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Vice President ☐ Change ☒ Addition
5.2 NAME Tatum, Connie
5.3 STREET ADDRESS 3002 W. Patterson
5.4 CITY-ST-ZIP Tampa FL 33614

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED
Richard Emerson, President

Date

Daytime Phone #

(813) 961-1151

CR2E037 (1/198)