FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90085 003 ****61.25

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DOCUMENT # 748562

1. Corporation Name
THE ANGELUS, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/17/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1971002 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$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 _____ 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	☐ DELETE	1.1 TITLE	D	☐ Change ☑ 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	☐ DELETE	2.1 TITLE	D	☐ Change ☑ 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	☐ DELETE	3.1 TITLE	D	☐ Change ☑ 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	☐ DELETE	4.1 TITLE	D	☐ Change ☑ 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	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	☐ DELETE	6.1 TITLE		☐ Change ☐ 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		

CR2E037 (11/98)

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 L. Shaver SIGNATURE REQUIRED 4/22/99 727-856-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #