2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748562

Address:

City-St-Zip:

12413 HUDSON AVE

HUDSON, FL 34669

Entity Name: THE ANGELUS, INC.

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12413 HUDSON AVENUE HUDSON, FL 34669 **Current Mailing Address: New Mailing Address:** 12413 HUDSON AVENUE HUDSON, FL 34669 FEI Number: 59-1971002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAVER, PAULINE L. 12413 HÚDSON AVE. HUDSON, FL 34669 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SEABORN, JERRY, SEABORN, JERRY Name: Name: 5915 35TH AVE N. Address: 5915 35TH AVE N. Address: City-St-Zip: ST. PETERSBURG, FL City-St-Zip: ST. PETERSBURG, FL Title: VD () Delete Title: (X) Change () Addition WILLIAMSON, ORVILLE Name: THOMAS, CHITTUM Name: Address: 7352 ISLE DRIVE Address: 6704 OLD MAIN STREET City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34652 Title: DC () Delete Title: DC (X) Change () Addition BOOTH, STEPHEN C., Name: BOOTH, STEPHEN C., Name: Address: 7510 RIDGE RD. Address: 7510 RIDGE RD. City-St-Zip: PT. RICHEY, FL City-St-Zip: PT. RICHEY, FL 34668 Title: SD () Delete Title: D (X) Change () Addition LEVESQUE, LUCILLE, Name: Name: FRANK, PARKER 12413 HUDSON AVE 5511 DRINKARD DRIVE Address: Address: City-St-Zip: HUDSON, FL City-St-Zip: NEW PORT RICHEY, FL 34653 Title: PD () Delete Title: () Change () Addition SHAVER,, PAULINE Name: Name: 12413 HUDSON AVE. Address: Address: City-St-Zip: HUDSON, FL 34669 City-St-Zip: Title: () Delete Title: (X) Change () Addition SHAVER, DAVID SHAVER, DAVID Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

12413 HUDSON AVE

HUDSON, FL 34669

SIGNATURE: PAULINE SHAVER P 01/06/2004