2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 727481

1. Entity Name
THE ANGELS UNAWARE, INC.

Principal Place of Business	Mailing Address
4918 W. LINEBAUGH AVE. P. O. BOX 270040 TAMPA, FL 33688-0040	4918 W. LINEBAUGH AVE. P. O. BOX 270040 TAMPA, FL 33688-0040

DO NOT WRITE IN THIS SPACE

03192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
23-7346870
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Ross H. O'BAnion Jr. Executive Director 4/20/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000127436
04/23/04-80074-011 70.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HATFIELD, JOYCE
STREET ADDRESS	12140 PILOT COUNTRY DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	VP
NAME	BUCHANAN, DOLAN
STREET ADDRESS	206 W POWHATAN AVENUE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	TD
NAME	MONFORT, EDWARD
STREET ADDRESS	4410 NORTH B. ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	TODD, ERNIE
STREET ADDRESS	13712 COUNTRY COURT DRIVE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	D
NAME	TATUM, CONNIE
STREET ADDRESS	3002 W PATTERSO
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	P
NAME	ALBANO, ROBERT
STREET ADDRESS	209 S. GUNLOCK
CITY-ST-ZIP	TAMPA, FL 33609

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Robert Albano, President 4/20/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #