

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748562

Entity Name: THE ANGELUS, INC.**Current Principal Place of Business:**12413 HUDSON AVENUE
HUDSON, FL 34669**Current Mailing Address:**12413 HUDSON AVENUE
HUDSON, FL 34669**FEI Number:** 59-1971002**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOSEPH R, NERI
12413 HUDSON 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

Officer/Director Detail :

Title D
Name NERI, JOSEPH RDIR
Address 12413 HUDSON AVE
City-State-Zip: HUDSON FL 34669

Title DC
Name BOOTH, STEPHEN C.
Address 7510 RIDGE RD.
City-State-Zip: PT. RICHEY FL 34668

Title SD
Name SHAVER, DAVID
Address 12413 HUDSON AVE
City-State-Zip: HUDSON FL 34669

Title DIRECTOR
Name WILLIAMSON, ORVILLE
Address 7352 ISLES DR.
City-State-Zip: PORT RICHEY FL 34668

Title D
Name THOMAS, CHITTUM
Address 7826 RADCLIFFE CIRCLE
City-State-Zip: PORT RICHEY FL 34654

Title PD
Name SHAVER,, PAULINE
Address 12413 HUDSON AVE.
City-State-Zip: HUDSON FL 34669

Title DIRECTOR
Name LEES, EDDIE
Address 9530SUNBEAM DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name SEABORN, JERRY
Address 5915 35TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: LAURA NERI**MANAGER****03/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CFO, DIRECTOR
Name TESSON, PATRICK
Address BOARD OF DIRECTORS
City-State-Zip: DUNEDIN FL

Title DIRECTOR
Name SCHAER, SKIP
Address 1650 COQUI COURT
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name FAUNCE, DON
Address COHLCHESTER
City-State-Zip: SPRINGHILL FL

Title DIRECTOR
Name SALVERSON, DAVE
Address 5049 SHORE ACRES BLVD
City-State-Zip: ST. PETERSBURG FL 33776