

2023 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:** Yes**Name and Address of Current Registered Agent:**NERI, JOELLE
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:** JOELLE NERI

01/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name NERI, JOELLE P
Address 2406 SUTTON PLACE
City-State-Zip: SPRINGHILL FL 34608

Title CHAIRMAN
Name BOOTH, STEPHEN C.
Address 1326 LAUREL GREEN CT.
City-State-Zip: TRINITY FL 34665

Title PRESIDENT, SECRETARY, DIRECTOR
Name SHAVER,, PAULINE
Address 11507 YELLOW BIRCH COURT
City-State-Zip: NEW PORT RICHEY FL 34654

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

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

Title DIRECTOR
Name GADD, RAY
Address 6504 WISTERIA LOOP
City-State-Zip: LAND O'LAKES FL 34638

Title DIRECTOR
Name RYAN, VANESSA
Address 16930 NELSON
City-State-Zip: SPRING HILL FL 34610

Title DIRECTOR
Name KENNEDY, BRUCE
Address 1625 COQUI CT
City-State-Zip: ODESSA FL 33556

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

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TINAMARIE, FARRELL
Address 6835 COMMERCE AVE
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR
Name CATHERINE, GIANGRECCO
Address 22415 OAKVILLE DR.
City-State-Zip: LAND O' LAKES FL 34639

Title DIRECTOR
Name NERI, JOSEPH R
Address 12615 KITTEN TRAIL
City-State-Zip: HUDSON FL 34669

Title CFO, DIRECTOR
Name LUCCO, CONNIE
Address 12213 QUAIL RUN ROAD
City-State-Zip: HUDSON FL 34667

Title DIRECTOR
Name COOLEY, JENNIFER
Address 10716 RAIN LILY PASS
City-State-Zip: LAND O'LAKES FL 34638