

2019 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:**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 CEO
Name NERI, JOSEPH R
Address 12615 KITTEN TRL
City-State-Zip: HUDSON FL 34669

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

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

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

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

Title DIRECTOR
Name WILLIAMSON, ORVILLE
Address 4932 NEW ENGLAND BLVD
City-State-Zip: NEW PORT RICHEY FL 34652

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

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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: JOSEPH R NERI

CEO

01/31/2019

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name DONAHUE, MAUREEN
Address 711 MAYFIELD DRIVE
City-State-Zip: PORT RICHEY FL 34668

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