

2013 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	D
Name	THOMAS, CHITTUM
Address	7826 RADCLIFFE CIRCLE
City-State-Zip:	PORT RICHEY FL 34654

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

Title	VPD
Name	FRANK, PARKER
Address	5511 DRINKARD DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34653

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

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

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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: LAURA NERI**ACCOUNTING MANAGER** 02/05/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

Title 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