

**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