

**2017 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 CHAIRMAN  
Name BOOTH, STEPHEN C.  
Address 7510 RIDGE RD.  
City-State-Zip: PT. RICHEY FL 34668

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

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

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

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

**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:** JOSEPH NERI

CEO

02/14/2017

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

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 BIEBER, DALE  
Address 7709 TIMBERWYCK CT.  
City-State-Zip: NEW PORT RICHEY FL 34653