

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 09, 2024**

**Secretary of State  
8475785721CC**

DOCUMENT# N93000005259

**Entity Name:** ANGELWOOD, INC.

**Current Principal Place of Business:**

9100 REGENCY SQUARE BLVD. N.  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

P.O. BOX 8771  
JACKSONVILLE, FL 32239 US

**FEI Number:** 59-3212078

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

TUTTLE, DIANE B  
9100 REGENCY SQUARE BLVD. N.  
SUITE 200  
JACKSONVILLE, FL 32211 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 VP  
Name WAHBY, ROBIN  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title DIRECTOR  
Name DOWE, SHARON  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title DIRECTOR EMERITUS  
Name KELLY, BRIAN  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title DIRECTOR  
Name RAMSEY, STEPHEN  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title DIRECTOR  
Name RUTHERFORD, JOHN  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title DIRECTOR  
Name WENDELL, BILL  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title CEO  
Name TUTTLE, DIANE B  
Address 9100 REGENCY SQUARE BLVD. N.  
City-State-Zip: JACKSONVILLE FL 32211

Title PRESIDENT  
Name WHEELER, KIMBERLIE  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

**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:** DIANE B. TUTTLE

**REGISTERED AGENT**

**02/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WILSON, BILL  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title DIRECTOR EMERITUS  
Name WILLIS, ROBERT  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title DIRECTOR  
Name STRUYS, ODETTE  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title DIRECTOR  
Name STUEBBEN, MICHAEL  
Address P.O. BOX 8771  
204  
City-State-Zip: JACKSONVILLE FL 32239

Title DIRECTOR  
Name BRIGHAM, ROBERT  
Address 9100 REGENCY SQUARE BLVD. N.  
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR EMERITUS  
Name GRAMLING, NADINE  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title TREASURER  
Name ROSE, MEG  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title PRESIDENT  
Name EMANUEL, DAVID  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title SECRETARY  
Name HARRISON, DEBRA  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239

Title DIRECTOR  
Name LOVERICH, ROBERT  
Address P.O. BOX 8771  
City-State-Zip: JACKSONVILLE FL 32239