

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005259

Entity Name: ANGELWOOD, INC.

Current Principal Place of Business:

5600 SPRING PARK ROAD,
SUITE 200
JACKSONVILLE, FL 32216

FILED
Apr 05, 2021
Secretary of State
9208608943CC

Current Mailing Address:

P.O. BOX 24925
JACKSONVILLE, FL 32241 US

FEI Number: 59-3212078

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TUTTLE, DIANE B
5600 SPRING PARK ROAD,
SUITE 200
JACKSONVILLE, FL 32216 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 PRESIDENT
Name WAHBY, ROBIN
Address 482 JACKSONVILLE DRIVE
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name DOWE, SHARON
Address ONE INDEPENDENT DR., 30TH FL
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR EMERITUS
Name KELLY, BRIAN
Address P.O. BOX 10007
City-State-Zip: JACKSONVILLE FL 32247

Title SECRETARY
Name RAMSEY, STEPHEN
Address P.O. BOX 551099
City-State-Zip: JACKSONVILLE FL 32255

Title DIRECTOR
Name RUTHERFORD, JOHN
Address 501 EAST BAY ST.
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name WENDELL, BILL
Address P.O. BOX 24925
City-State-Zip: JACKSONVILLE FL 32241

Title CEO
Name TUTTLE, DIANE B
Address 4674-2 HOOD RD
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name WHEELER, KIMBERLIE
Address 2325 EMERSON STREET
City-State-Zip: JACKSONVILLE FL 32207

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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: DIANE TUTTLE

CEO

04/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILSON, BILL
Address 1352 TROTTERS WALK WAY
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR EMERITUS
Name WILLIS, ROBERT
Address 503 S. MONROE ST.
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ROSE, MEG
Address 12735 GRAN BAY PKWY
City-State-Zip: JACKSONVILLE FL 32258

Title DIRECTOR
Name EMANUEL, DAVID
Address 2949 AMELIA BLUFF DR.
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR EMERITUS
Name GRAMLING, NADINE
Address FORT CAROLINE RD
City-State-Zip: JACKSONVILLE FL 32241

Title TREASURER
Name MAINWARING, JAMES
Address 12939 WINTHROP COVE DR.
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name STRUYS, ODETTE
Address 10034 ASHFORD CROSSING DR.
City-State-Zip: JACKSONVILLE FL 32256