

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005259

Entity Name: ANGELWOOD, INC.

**Current Principal Place of Business:**

4674-2 HOOD ROAD  
JACKSONVILLE, FL 32257

**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  
4674-2 HOOD ROAD  
JACKSONVILLE, FL 32257 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 WAHBY, ROBIN  
Address 7880 GATE PARKWAY, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

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

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

Title PRESIDENT, DIRECTOR  
Name COX, ANGELA  
Address 330 EAST BAY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DT  
Name THOMPSON, MARK  
Address 8014 BAYBERRY RD  
City-State-Zip: JACKSONVILLE FL 32256

Title D  
Name WILLIS, ROBERT  
Address 503 MONROE STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name CHATTAWAY, SUSAN  
Address 6621 SOUTHPOINT DRIVE, N SUITE 325A  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR, SECRETARY  
Name CONSUEGRA, VILMA  
Address 6600 CORPORATE CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32216

**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 TUTTLE

REGISTERED AGENT

03/18/2014

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HARRISON, DEBRA  
Address 3717 WEXFORD HOLLOW RD. E  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
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 WAGNER, JOHN  
Address 4800 DEERWOOD CAMPUS PARWAY  
City-State-Zip: JACKSONVILLE FL 32246

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

Title DIRECTOR  
Name INTEMANN, MELISSA  
Address 7300 OAKMONT COURT  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name NADER, RANDY  
Address 10066 SAWGRASS DRIVE W.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name SMITH, TROY  
Address 50 NORTH LAURA STREET  
SUITE 3900  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name WENDELL, BILL  
Address 10151 DEERWOOD PARK BLVD  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name SUTER, IVY B  
Address 123 1ST STREET SOUTH  
502  
City-State-Zip: JACKSONVILLE BEACH FL 32250