

2015 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 482 JACKSONVILLE DRIVER
City-State-Zip: JACKSONVILLE BEACH FL 32250

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

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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 B. TUTTLE ANGELWOOD INC

CEO

04/08/2015

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 NADER, LYNDISAY
Address 10066 SAWGRASS DRIVE W.
City-State-Zip: PONTE VEDRA BEACH FL 32082

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 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 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