

**2020 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

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

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

Title            DIRECTOR  
Name            ROLEWICZ, MIKE  
Address        6817 SOUTHPOINT PKWY, SUITE 404  
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

CEO

02/06/2020

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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 WILFORD, DON P  
Address 14785 OLD ST AUGUSTINE RD #3  
City-State-Zip: JACKSONVILLE FL 32258

Title VP  
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