

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 748562 (6)**  
1. Corporation Name  
**THE ANGELUS, INC.**



Principal Place of Business: **12413 HUDSON AVENUE HUDSON FL 34669**  
Mailing Address: **12413 HUDSON AVENUE HUDSON FL 34669**

3. Date Incorporated or Qualified: **08/17/1979**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number <b>59-1971002</b>	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**SHAVER, PAULINE L.  
12413 HUDSON AVE.  
HUDSON FL 34669**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	<b>FL</b>
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **Pauline Shaver, President**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEABORN, JERRY</b>	1.2 NAME	
STREET ADDRESS	<b>5915 35TH AVE N.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>4533 3RD ST. NORTH</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOOTH, STEPHEN C.</b>	3.2 NAME	
STREET ADDRESS	<b>7510 RIDGE RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PT. RICHEY FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVESQUE, LUCILLE</b>	4.2 NAME	
STREET ADDRESS	<b>12413 HUDSON AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HUDSON FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAVER, PAULINE L.</b>	5.2 NAME	
STREET ADDRESS	<b>12413 HUDSON AVE.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HUDSON FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CADORET, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>1216 GREENWOOD AVE N</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pauline Shaver, President* **Pauline Shaver, President** 4-18-96 813-856-1775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)