

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748562 (6)**  
1. Corporation Name  
**THE ANGELUS, INC.**



Principal Place of Business <b>12413 HUDSON AVENUE HUDSON FL 34669</b>	Mailing Address <b>12413 HUDSON AVENUE HUDSON FL 34669</b>
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3. Date Incorporated or Qualified <b>08/17/1979</b>		
4. FEI Number <b>59-1971002</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

<b>81</b> Name		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
<b>83</b>		
<b>84</b> City	<b>FL</b>	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SEABORN, JERRY</b>		1.2 NAME <b>Shaver, David</b>	
STREET ADDRESS <b>5915 35TH AVE N.</b>		1.3 STREET ADDRESS <b>12413 Hudson Avenue</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		1.4 CITY-ST-ZIP <b>Hudson, FL 34669</b>	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **PAULINE SHAVER PRESIDENT 3/16/98 812-854-1225**

CFR2037 (1097)