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Apr 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748562

1. Corporation Name
THE ANGELUS, INC.

Principal Place of Business 12413 HUDSON AVENUE HUDSON FL 34669	Mailing Address 12413 HUDSON AVENUE HUDSON FL 34669
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/17/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1971002
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SHAVER, PAULINE L. 12413 HUDSON AVE. HUDSON FL 34669	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEABORN, JERRY	1.2 NAME	Williamson, Orville
STREET ADDRESS	5915 35TH AVE N.	1.3 STREET ADDRESS	7352 Isles Drive
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, WILLIAM	2.2 NAME	Lees, Eddie
STREET ADDRESS	4533 3RD ST. NORTH	2.3 STREET ADDRESS	9530 Sunbeam Drive
CITY-ST-ZIP	ST. PETE FL	2.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOOTH, STEPHEN C.	3.2 NAME	Parker, Frank
STREET ADDRESS	7510 RIDGE RD.	3.3 STREET ADDRESS	5511 Drinkard Drive
CITY-ST-ZIP	PT. RICHEY FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVESQUE, LUCILLE	4.2 NAME	Chittum, Thomas
STREET ADDRESS	12413 HUDSON AVE	4.3 STREET ADDRESS	6704 Main Street
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAVER, PAULINE L.	5.2 NAME	
STREET ADDRESS	12413 HUDSON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADORET, RICHARD	6.2 NAME	
STREET ADDRESS	1216 GREENWOOD AVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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, with all other like empowered.

SIGNATURE: Pauline L. Shaver **SIGNATURE REQUIRED** 4/22/99 727-856-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)