

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 12, 2005  
Secretary of State**

DOCUMENT# 748562

Entity Name: THE ANGELUS, INC.

**Current Principal Place of Business:**

12413 HUDSON AVENUE  
HUDSON, FL 34669

**New Principal Place of Business:**

**Current Mailing Address:**

12413 HUDSON AVENUE  
HUDSON, FL 34669

**New Mailing Address:**

FEI Number: 59-1971002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SEABORN, JERRY  
Address: 5915 35TH AVE N.  
City-St-Zip: ST. PETERSBURG, FL

Title: D      ( ) Delete  
Name: THOMAS, CHITTUM  
Address: 6704 OLD MAIN STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DC      ( ) Delete  
Name: BOOTH, STEPHEN C.,  
Address: 7510 RIDGE RD.  
City-St-Zip: PT. RICHEY, FL 34668

Title: D      ( ) Delete  
Name: FRANK, PARKER  
Address: 5511 DRINKARD DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PD      ( ) Delete  
Name: SHAVER,, PAULINE  
Address: 12413 HUDSON AVE.  
City-St-Zip: HUDSON, FL 34669

Title: STD      ( ) Delete  
Name: SHAVER, DAVID  
Address: 12413 HUDSON AVE  
City-St-Zip: HUDSON, FL 34669

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: NERI, JOSEPH R DIR  
Address: 12413 HUDSON AVE  
City-St-Zip: HUDSON, FL 34669

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH R. NERI

DIR

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date