

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748562

FILED  
Jan 05, 2006  
Secretary of State

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:**

JOSEPH R, NERI  
12413 HUDSON AVE.  
HUDSON, FL 34669 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: JOSEPH R. NERI

01/05/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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: ( ) 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:

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 Chapter 119, 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

D

01/05/2006

Electronic Signature of Signing Officer or Director

Date