2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
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:

JOSEPH R, NERI
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: 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 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 01/03/2008

Electronic Signature of Signing Officer or Director Date