

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90306 022 ****61.25

DOCUMENT # N04000008786

1. Entity Name

HOLY ANGELS INC.



Principal Place of Business

1202 KENLAKE RD
SPRINGHILL FL 34606

Mailing Address

P O BOX 3683
SPRING HILL FL 34611-3683

50042579



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

HERNANDO

Zip

Country

HERNANDO

4. FEI Number

20-1634787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, DIANE R
6430 LOST TREE LN
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

METZ, DONALD

Street Address (P.O. Box Number is Not Acceptable)

1362 WATERFALL DR.

City

SPRINGHILL

FL

Zip Code

34613

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DONALD F METZ

[Signature]

4-11-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARPENTER, DIANE R	
STREET ADDRESS	6430 LOST TREE LN	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CROSSIN, MARY	
STREET ADDRESS	5357 SLATER RD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALORAN, LAVERNE C	
STREET ADDRESS	1831 ROGERLAND RD	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEITSCH, CAROL C	
STREET ADDRESS	9100 TARLETON CIR	
CITY-ST-ZIP	WEEKIWACHEE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZ, DONALD	
STREET ADDRESS	1362 WATERFALL DR.	
CITY-ST-ZIP	SPRINGHILL, FL 34613	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORN, KURT	
STREET ADDRESS	353 KILLINGER, AVE.	
CITY-ST-ZIP	SPRINGHILL FL 34606	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, KATHLEEN	
STREET ADDRESS	468 WATERFALL DR	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAULT, ELIZABETH	
STREET ADDRESS	3375 BLUEFISH DR.	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DONALD F METZ

[Signature]

Date

Daytime Phone #

4-11-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR