

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90312 032 ****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 3866
SPRING HILL, FL 34611-3683**



2. Principal Place of Business

3. Mailing Address

PO Box 3866

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006 Chg-NP CR2E037 (11/05)

City & State

City & State
Spring Hill, FL

4. FEI Number
20-1634787

Applied For
Not Applicable

Zip

Country

Zip

Country

34611-3866 HERNANDO

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**METZ, DOANLD
1362 WATERFALL DR
SPRINGHILL, FL 34613**

Name
OSBORNE, KATHLEEN

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

City
Spring Hill

FL Zip Code
34608

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 *Kathleen Osborne* **KATHLEEN OSBORNE PD**

4/9/06

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
METZ, DONALD
1362 WATERFALL DR
SPRINGHILL, FL 34613** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
OSBORNE, KATHLEEN
468 WATERFALL DR.
SPRING HILL, FL 34608** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BORN, KURT
353 KILLINGER AVE
SPRING HILL, FL 34606** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
METZ, DONALD
2210 PEBBLE BEACH DR.
SPRINGHILL, FL 34606** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
OSBORNE, KATHLEEN
468 WATERFALL DR
SPRING HILL, FL 34608** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CAROLAN, LAYERNE
18321 ROGERLAND RD.
SPRINGHILL, FL 34610** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BRAULT, ELIZABETH
3375 BLUEFISH DR
HERNANDO BEACH, FL 34607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BRAULT, ELIZABETH
3375 BLUEFISH DR.
HERNANDO BEACH, FL 34607** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kathleen Osborne* **KATHLEEN OSBORNE PD 4/9/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #