

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008786

FILED
Apr 07, 2009
Secretary of State

Entity Name: HOLY ANGELS INC.

Current Principal Place of Business:

1202 KENLAKE RD
SPRINGHILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

POB 3866
SPRING HILL, FL 346113683

New Mailing Address:

FEI Number: 20-1634787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTHY, PAUL
10182 SUNBURST CRT
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

SACCO, JOSEPH
6123 APPLGATE DR..
SPRING HILL, FL 34606 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 SACCO

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCARTHY, PAUL
Address: 10182 SUNBURST CRT
City-St-Zip: SPRING HILL, FL 34608

Title: VD () Delete
Name: SACCO, JOSEPH
Address: 6123 APPLE GATE DR
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: BROWN, JANET C
Address: 18321 ROGER LAND RD
City-St-Zip: SPRING HILL, FL 34610

Title: TD () Delete
Name: LEITSCH, EDWARD D
Address: 15389 BROCKRIDGE BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: SD () Delete
Name: LAVERNE, CAROLYN
Address: 18321 ROGER LAND RD
City-St-Zip: SPRING HILL, FL 34610

Title: D (X) Delete
Name: LEITSCH, CAROL C
Address: 15389 BROOKERIDGE BLVD
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SACCO, JOSEPH
Address: 6123 APPLGATE DR.
City-St-Zip: SPRING HILL, FL 34606

Title: VD (X) Change () Addition
Name: ZORN, KURT
Address: 353 KILLINGER AVE.
City-St-Zip: SPRING HILL, FL 34606

Title: D (X) Change () Addition
Name: DEPALO, YVONNE
Address: 12476 EDDINGTON RD>
City-St-Zip: SPRING HILL, FL 34606

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 SACCO

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date