

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008786

FILED  
Feb 14, 2011  
Secretary of State

**Entity Name:** HOLY ANGELS INC.

**Current Principal Place of Business:**

353 KILLINGER AVE.  
SPRINGHILL, FL 34606 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 5963  
SPRING HILL, FL 346115963 US

**New Mailing Address:**

P.O. BOX 5963  
SPRING HILL, FL 346115963 US

**FEI Number:** 20-1634787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ZORN, PATRICIA  
353 KILLINGER AVE.  
SPRING HILL, FL 34606 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  
Name: ZORN, PATRICIA  
Address: 353 KILLINGER AVE.  
City-St-Zip: SPRING HILL, FL 34606 US

Title: D  
Name: ZORN, KURT  
Address: 353 KILLINGER AVE.  
City-St-Zip: SPRING HILL, FL 34606 US

Title: D  
Name: LEITSCH, EDWARD D  
Address: 15389 BROOKRIDGE BLVD  
City-St-Zip: BROOKSVILLE, FL 34613 US

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICIA ZORN

D

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date