

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1500000732

**Entity Name:** HOLY ANGELS MINISTRIES,INC.

**Current Principal Place of Business:**

1619 NW 19TH CIRCLE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

1619 NW 19TH CIRCLE  
GAINESVILLE, FL 32608

**FEI Number:** 47-3068491

**Certificate of Status Desired:** No

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

EGAN, THOMAS M  
2107 SE 3RD AVENUE  
OCALA, FL 34471 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name SCHAEFER, EDWARD  
Address 1619 NW 19TH CIRCLE  
City-State-Zip: GAINESVILLE FL 32608

Title STD  
Name HERRING, PATRICK  
Address 4730 NW 13TH AVE  
City-State-Zip: GAINESVILLE FL 32605

Title D  
Name EGAN, THOMAS M  
Address 2107 SE 3RD AVE  
City-State-Zip: GAINESVILLE FL 34471

*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:** EDWARD E SCHAEFER

**PRESIDENT**

**04/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date