

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90149 028 \*\*\*\*70.00

**DOCUMENT # N02000002866**

1. Entity Name  
**ADVOCATES & GUARDIANS FOR THE ELDERLY & DISABLED, INC.**



Principal Place of Business  
 1201 HOMOSASSA CT  
 LONGWOOD, FL 32779

Mailing Address  
 PO BOX 520878  
 LONGWOOD, FL 32752-0878

**50012147**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
 75-3033804

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

HOYT, PEGGY R  
 251 PLAZA DR.  
 SUITE B  
 OVIEDO, FL 32765

Name **PEGGY R. HOYT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**254 PLAZA DR.**  
 City **OVIEDO** FL Zip Code **32765**

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

*[Signature]*

**PEGGY R. HOYT**

**4-6-06**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, THOMAS J	
STREET ADDRESS	1740 PALMER AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HODGES, GEORGE	
STREET ADDRESS	585 S. COUNTY RD. 427, SUITE 121	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria Gluskin	
STREET ADDRESS	1617 Hillcrest St	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Linger	
STREET ADDRESS	934 N Magnolia Ave #301	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Als Dekker	
STREET ADDRESS	604-118 Chestnut Oak Cir	
CITY-ST-ZIP	Altamonte Springs FL 32701	
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 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

*[Signature]* **President**

**4-6-06**

**321-356-9229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #