

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002866

FILED  
Jan 06, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1201 HOMOSASSA CT  
LONGWOOD, FL 32779

**New Principal Place of Business:**

106 COMMERCE ST.  
SUITE 101  
LAKE MARY, FL 32746

**Current Mailing Address:**

PO BOX 520878  
LONGWOOD, FL 327520878

**New Mailing Address:**

106 COMMERCE ST.  
SUITE 101  
LAKE MARY, FL 32746

FEI Number: 75-3033804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOYT, PEGGY R  
254 PLAZA DR  
SUITE B  
OVIEDO, FL 32765 US

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

HOYT, PEGGY R  
254 PLAZA DR  
OVIEDO, FL 32765 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:

01/06/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KUBAY, JACKIE  
Address: 15634 ARABIAN WAY  
City-St-Zip: MONTVERDE, FL 34756

Title: D  
Name: DEXTER, ALICE S  
Address: 604-118 CHESTNUT OAK CIR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D  
Name: MARTONE, MIKE  
Address: 121 SPRING CHASE CIR  
City-St-Zip: ALTOMONTE SPRINGS, FL 32714

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: NICHOLAS BARTON

ED

01/06/2010

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

\_\_\_\_\_  
Date