

22-95-6-879-XC  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
 ANNUAL REPORT  
 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 FEB - 2 AM 8:37

DOCUMENT # **N02276 (6)**  
 1. Corporation Name  
**GUADALUPE CENTER, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 1053 P.O. BOX 1053  
 IMMOKALEE FL 33904 IMMOKALEE FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/29/1984** 3a. Date of Last Report **03/02/1994**  
 4. FEI Number **59-2617151** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **211 S. 9th. St.** 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 28  
 Zip Country Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**LARSON, KAREN A.**  
**995 N. COLLIER BLVD.**  
**MARCO ISLAND FL 33997**

10. Name and Address of New Registered Agent  
 81 Name **Donna M. More, Esquire**  
 82 Street Address (P.O. Box Number is Not Acceptable) **98 Vineyards Blvd.**  
 83  
 84 City **Naples, FL** 85 Zip Code **33999**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0205, Florida Statutes.  
 SIGNATURE *Donna M. More* **DONNA M. MORE** **1-25-95**  
Signature, typed or printed name of registered agent and his or her spouse. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <b>SD</b>                       |
| NAME                       | <b>BUITRON, YOANDA</b>          |
| STREET ADDRESS             | <b>628 N. 10TH ST.</b>          |
| CITY - ST - ZIP            | <b>IMMOKALEE FL</b>             |
| TITLE                      | <b>TD</b>                       |
| NAME                       | <b>BURDICK, JERVIS</b>          |
| STREET ADDRESS             | <b>1300 GULF SHORE BLVD</b>     |
| CITY - ST - ZIP            | <b>NAPLES FL</b>                |
| TITLE                      | <b>PD</b>                       |
| NAME                       | <b>OGDEN, JANE</b>              |
| STREET ADDRESS             | <b>5601 TURTLE BAY DR., 901</b> |
| CITY - ST - ZIP            | <b>NAPLES, FL</b>               |
| TITLE                      | <b>VD</b>                       |
| NAME                       | <b>SHANNON, KATHYN</b>          |
| STREET ADDRESS             | <b>277000 DONEGAL DR.</b>       |
| CITY - ST - ZIP            | <b>BONITA SPRINGS, FL</b>       |
| TITLE                      | <b>D</b>                        |
| NAME                       | <b>LARSON, KAREN</b>            |
| STREET ADDRESS             | <b>995 N. COLLIER BLVD.</b>     |
| CITY - ST - ZIP            | <b>MARCO ISLAND FL</b>          |
| TITLE                      |                                 |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME                                              |                                                                              |
| 1.3 STREET ADDRESS                                    |                                                                              |
| 1.4 CITY - ST - ZIP                                   |                                                                              |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME                                              |                                                                              |
| 2.3 STREET ADDRESS                                    |                                                                              |
| 2.4 CITY - ST - ZIP                                   |                                                                              |
| 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              | <b>no longer an officer of Board</b>                                         |
| 3.3 STREET ADDRESS                                    |                                                                              |
| 3.4 CITY - ST - ZIP                                   |                                                                              |
| 4.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              | <b>President/Director</b>                                                    |
| 4.3 STREET ADDRESS                                    |                                                                              |
| 4.4 CITY - ST - ZIP                                   |                                                                              |
| 5.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              | <b>Director</b>                                                              |
| 5.3 STREET ADDRESS                                    | <b>Donna More</b>                                                            |
| 5.4 CITY - ST - ZIP                                   | <b>98 Vineyards Blvd. Naples, 33999</b>                                      |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME                                              |                                                                              |
| 6.3 STREET ADDRESS                                    |                                                                              |
| 6.4 CITY - ST - ZIP                                   |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 (or Block 13 if changed, or in an attached sheet with an address).

SIGNATURE: *Donna M. More* **DONNA M. MORE, Director** **1-25-95**  
Signature and typed or printed name of signing officer or director

813-353-1973  
 0080338