

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
95 MAY 22 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



Principal Place of Business: 211 S 9TH ST, IMMOKALEE FL 33934, US
Mailing Address: P.O. BOX 1053, IMMOKALEE FL 33934

3. Date Incorporated or Qualified: 03/29/1984
3a. Date of Last Report: 02/02/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	211 S. 9th Street	59-2617151	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Immokalee, FL 33934	<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORE, DONNA M ESQ 98 VINEYARDS BLVD NAPLES FL 33999	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 conditions of Section 617.0503, Florida Statutes.

SIGNATURE: *Donna M. More* Donna M. More DATE: 4/11/96
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	Sec./D
NAME	BUITRON, YOANDA	1.2 NAME	Jack Mangan
STREET ADDRESS	626 N. 10TH ST.	1.3 STREET ADDRESS	516 Turtle Hatch Road
CITY-ST-ZIP	IMMOKALEE FL	1.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	TD	2.1 TITLE	Treasurer/Director
NAME	BURDICK, JERVIS	2.2 NAME	Lucy Ortiz
STREET ADDRESS	1300 GULF SHORE BLVD	2.3 STREET ADDRESS	606 Roberts Avenue
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Immokalee, FL 33934
TITLE	PD	3.1 TITLE	P/D
NAME	SHANNON, KATHYN	3.2 NAME	Kathryn Shannon
STREET ADDRESS	277000 DONEGAL DR.	3.3 STREET ADDRESS	277000 Donegal Dr.
CITY-ST-ZIP	BONITA SPRINGS, FL	3.4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE	D	4.1 TITLE	
NAME	MORE, DONNA	4.2 NAME	
STREET ADDRESS	98 VINEYARDS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VP/D
NAME		5.2 NAME	Florence Jelks
STREET ADDRESS		5.3 STREET ADDRESS	P.O. Box 24 (N/A)
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Immokalee, FL 33934
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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, in an attachment with an address.

SIGNATURE: *Donna M. More* Donna M. More DATE: 4/11/96 941-353-1973
(Signature and typed or printed name of signing officer or director. Date Day/line Phone #)

CR2E037 (12/95)