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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N02276 (6)

1. Corporation Name

GUADALUPE CENTER, INC.



Principal Place of Business

Mailing Address

211 S 9TH ST
IMMOKALEE FL 33934

211 S 9TH ST
IMMOKALEE FL 34142-3954

3. Date Incorporated or Qualified

03/29/1984

3a. Date of Last Report

05/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 1053

4. FEI Number

59-2617151

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

Immokalee, Fl.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

34142

25

29

34143

30

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MANGAN, JACK	
STREET ADDRESS	516 TURTLE HATCH ROAD	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORTIZ, LUCY	
STREET ADDRESS	606 ROBERTS AVENUE	
CITY - ST - ZIP	IMMOKALEE FL 33934	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHANNON, KATHRYN	
STREET ADDRESS	277000 DONEGAL DR.	
CITY - ST - ZIP	BONITA SPRINGS FL 33923	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORE, DONNA	
STREET ADDRESS	98 VINEYARDS BLVD	
CITY - ST - ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JELKS, FLORENCE	
STREET ADDRESS	P.O. BOX 24 N/A	
CITY - ST - ZIP	IMMOKALEE FL 33934	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-353-1973
Date Daytime Phone # 00000000

CR2E037 (9/96)