

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02276 (6)**  
 1. Corporation Name  
**GUADALUPE CENTER, INC.**



Principal Place of Business <b>211 S 9TH ST IMMOKALEE FL 34142 US</b>	Mailing Address <b>PO BOX 1053 IMMOKALEE FL 34143 US</b>
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3. Date Incorporated or Qualified <b>03/29/1984</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>59-2617151</b>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**MORE, DONNA M EGO  
 99 VINEYARDS BLVD  
 NAPLES FL 33999**

10. Name and Address of New Registered Agent  
**81 Name Maria V. Ortiz**  
**82 Street Address (P.O. Box Number is Not Acceptable) 606 Roberts Ave.**  
**83**  
**84 City Immokalee FL 85 Zip Code 34142**

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 *Maria V. Ortiz* **Maria V. Ortiz** **1-8-98**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MANGAN, JACK</b>	
STREET ADDRESS	<b>516 TURTLE HATCH ROAD</b>	
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ORTIZ, LUCY</b>	
STREET ADDRESS	<b>606 ROBERTS AVENUE</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL 33934</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHANNON, KATHRYN</b>	
STREET ADDRESS	<b>277000 DONEGAL DR.</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>MORE, DONNA</b></del>	
STREET ADDRESS	<del><b>99 VINEYARDS BLVD</b></del>	
CITY-ST-ZIP	<del><b>NAPLES FL</b></del>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>JELKS, FLORENCE</b>	
STREET ADDRESS	<b>P.O. BOX 24 N/A</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL 33934</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 *Kathryn Shannon* **1-10-98 941-992-2373**

CR2E037 (10/97)