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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02276

1. Corporation Name

GUADALUPE CENTER, INC.

Principal Place of Business

211 S 9TH ST
IMMOKALEE FL 34142
US

Mailing Address

PO BOX 1053
IMMOKALEE FL 34143
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/29/1984

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

9. Name and Address of Current Registered Agent

ORTIZ, MARIA V
606 ROBERTS, AVE
IMMOKALEE FL 34142

10. Name and Address of New Registered Agent

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

Maria V Ortiz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD DELETE
NAME MANGAN, JACK
STREET ADDRESS 516 TURTLE HATCH ROAD
CITY-ST-ZIP NAPLES FL 33940

TITLE TD DELETE
NAME ORTIZ, LUCY
STREET ADDRESS 606 ROBERTS AVENUE
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE PD DELETE
NAME SHANNON, KATHRYN
STREET ADDRESS 277000 DONEGAL DR.
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE VD DELETE
NAME JELKS, FLORENCE
STREET ADDRESS P.O. BOX 24 N/A
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME Jacqueline McCurdy
5.3 STREET ADDRESS 3341 Creekview Drive
5.4 CITY-ST-ZIP Bonita Springs, Fl. 34134

6.1 TITLE Change Addition
6.2 NAME Ted Roebuck
6.3 STREET ADDRESS 1015 Palm Drive
6.4 CITY-ST-ZIP Immokalee, Fl. 34142

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, with all other like empowered.

SIGNATURE: *M. J. ...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99 941 947 2699
Date Daytime Phone #

CR2E037 (1/198)