

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 01, 2006  
Secretary of State

DOCUMENT# N02276

Entity Name: GUADALUPE CENTER, INC.

**Current Principal Place of Business:**

505 HOPE CIRCLE  
IMMOKALEE, FL 34142 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1053  
IMMOKALEE, FL 34143 US

**New Mailing Address:**

505 HOPE CIRCLE  
IMMOKALEE, FL 34142 US

FEI Number: 59-2617151      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RIDDLE, MELINDA  
2500 AIRPORT ROAD SOUTH  
SUITE 311  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: LIEB, ROCHELLE  
Address: 616 NASSAU STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: TD ( ) Delete  
Name: HERR, DOUG  
Address: 4000 ROYAL MARCO WAY  
City-St-Zip: MARCO ISLAND, FL 34145

Title: PD ( ) Delete  
Name: BRAENDLE, DEBORAH  
Address: 25181 BAY CEDAR DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BOYNTON, STANLEY H  
Address: 505 HOPE CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142

Title: D (X) Change ( ) Addition  
Name: BRAENDLE, DEBORAH  
Address: 25181 BAY CEDAR DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Change (X) Addition  
Name: OPPENHEIM, BARBARA  
Address: 505 HOPE CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY H. BOYNTON

P

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date