

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 05, 2009
Secretary of State**

DOCUMENT# N02276

Entity Name: GUADALUPE CENTER, INC.

Current Principal Place of Business:509 HOPE CIRCLE
IMMOKALEE, FL 34142 US**New Principal Place of Business:****Current Mailing Address:**509 HOPE CIRCLE
IMMOKALEE, FL 34142 US**New Mailing Address:**

FEI Number: 59-2617151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:CHEFFY, PASSIDOMO, WILSON & JOHNSON
821 5TH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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: BLANKLEY, WALTER
Address: 13023 VALEWOOD DRIVE
City-St-Zip: NAPLES, FL 34119Title: P () Delete
Name: OPPENHEIM, BARBARA
Address: 509 HOPE CIRCLE
City-St-Zip: IMMOKALEE, FL 34142Title: D () Delete
Name: MCCARTHY, MEGAN
Address: 509 HOPE CIRCLE
City-St-Zip: IMMOKALEE, FL 34142Title: D () Delete
Name: MARCHETTI, EDWARD
Address: 4100 HARBOR OAKS COURT
City-St-Zip: BONITA SPRINGS, FL 34134Title: D () Delete
Name: BARRETT, DESMOND
Address: 509 HOPE CIRCLE
City-St-Zip: IMMOKALEE, FL 34142Title: TD () Delete
Name: RYAN, ALLEN
Address: 886 SEA DUNE LANE
City-St-Zip: MARCO ISLAND, FL 34145**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: PD (X) Change () Addition
Name: VASEY, ROGER
Address: 3580 GIN LANE
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA OPPENHEIM

P

08/05/2009

Electronic Signature of Signing Officer or Director_____
Date