

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02276

FILED  
Mar 23, 2011  
Secretary of State

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:**

WILSON & JOHNSON, P.A.  
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  
Name: BLANKLEY, WALTER  
Address: 13023 VALEWOOD DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: P  
Name: OPPENHEIM, BARBARA  
Address: 509 HOPE CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142

Title: D  
Name: MCCARTHY, MEGAN  
Address: 509 HOPE CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142

Title: TD  
Name: RYAN, ALLEN  
Address: 886 SEA DUNE LANE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D  
Name: BARRETT, DESMOND  
Address: 509 HOPE CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142

Title: PD  
Name: VASEY, ROGER  
Address: 3580 GIN LANE  
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: BARBARA OPPENHEIM

PRES

03/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date