

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02276

FILED
Mar 21, 2012
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: APONTE-TORRES, IVETTE
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

P

03/21/2012

Electronic Signature of Signing Officer or Director

_____ Date