2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002866

FILED Apr 01, 2009 Secretary of State

Entity Name: ADVOCATES & GUARDIANS FOR THE ELDERLY & DISABLED, INC. **Current Principal Place of Business: New Principal Place of Business:** 1201 HOMOSASSA CT LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** PO BOX 520878 LONGWOOD, FL 327520878 FEI Number: 75-3033804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOYT, PEGGY R 254 PLAZA DR SUITE B OVIEDO, FL 32765 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KUBAY, JACKIE Name: Name: Address: 15634 ARABIAN WAY Address: City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: Title: (X) Delete Title: () Change () Addition BORRELLI, JOHN Name: Name: Address: 10371 TURBY CT Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: () Delete Title: () Change () Addition DEXTER, ALICE S Name: Name: 604-118 CHESTNUT OAK CIR Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip:

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: NICHOLAS BARTON **ECEC** 04/01/2009