

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02276

**Entity Name:** GUADALUPE CENTER, INC.

**Current Principal Place of Business:**

509 HOPE CIRCLE  
IMMOKALEE, FL 34142

**Current Mailing Address:**

509 HOPE CIRCLE  
IMMOKALEE, FL 34142 US

**FEI Number:** 59-2617151

**Certificate of Status Desired:** Yes

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

MONTECALVO, DAWN  
509 HOPE CIRCLE  
IMMOKALEE, FL 34142 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:** DAWN MONTECALVO

04/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name LEDINSKY, JAMES  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title PRESIDENT  
Name MONTECALVO, DAWN  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title VP  
Name SPANO, ROBERT  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name RYAN, ALLEN  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name ARENA, ALICE  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name BLANKLEY, WALTER  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name BRAND, TOM  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title SECRETARY, TRUSTEE  
Name DEMPSEY, WILLIAM  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

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*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:** DAWN MONTECALVO

PRESIDENT

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name SALISBURY, BUNNY  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title VC, TRUSTEE  
Name HAGEMANN, FRED  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name MONAGHAN, RICHARD  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name CAPES, DAN  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE, TREASURER  
Name EHMANN, CARL  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR  
Name OXX, SHEILA  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name HAMBLETON, MARGUERITE  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name CASTRO, MARIA  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name FITZGERALD, JAMES  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name YOST, LINDA  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title CHAIRMAN, TRUSTEE  
Name BAUGHMAN, JOSEPH L  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR  
Name ENGELS, RENATE  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name COLETTI, ROBERT  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name NICHOLSON, NICK  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name NAGAN, MARK  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name JAIMES, ABEL  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name CHERRY, BEVERLY  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142

Title TRUSTEE  
Name WHITE, TOM  
Address 509 HOPE CIRCLE  
City-State-Zip: IMMOKALEE FL 34142