

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719485 (5)
1. Corporation Name
ASTROLOGICAL RESEARCH GUILD INCORPORATED



Principal Place of Business
7731 LAKE NELLIE RD
CLERMONT FL 34711-8696
US

Mailing Address
7731 LAKE NELLIE RD
CLERMONT FL 34711-8696
US

3. Date Incorporated or Qualified
10/09/1970

3a. Date of Last Report
04/25/1995

4. FEI Number
59-2298673

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

MARILYN M WHITAKER
7731 LAKE NEVILLE RD
CLERMONT FL 34711

NELLIE

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	COURTNEY CONRAD
NAME	LOWE, KELLY	1.2 NAME	PRESIDENT
STREET ADDRESS	608 ENDLSEY AV	1.3 STREET ADDRESS	5532 RIDGEWAY DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	V	2.1 TITLE	VICE PRESIDENT
NAME	KLEIN, CHRIS	2.2 NAME	JUTTA POTEAT
STREET ADDRESS	100 MENENDEZ RD	2.3 STREET ADDRESS	514 RIOMAR AV
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	ORLANDO FL 32828-8451
TITLE	S	3.1 TITLE	
NAME	GALLO, JOHANNA	3.2 NAME	
STREET ADDRESS	7126 EAKER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	WHITAKER, MARILYN M	4.2 NAME	
STREET ADDRESS	7731 LAKE NEVILLE RD	4.3 STREET ADDRESS	7731 LAKE NELLIE RD
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PENROD, GLORIA	5.2 NAME	
STREET ADDRESS	7007 SEMINOLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	PROULX, JOAN	6.2 NAME	
STREET ADDRESS	5090 FAYANN	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marilyn M Whitaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

Date

352
704-394-6605

Daytime Phone #

CR2E037 (12/95)