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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/09/1970
4. FEI Number 59-2298673
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARILYN M WHITAKER 7731 LAKE NELLIE RD CLERMONT FL 34711	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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	
TITLE	VD
NAME	JUTTA, POTEAT
STREET ADDRESS	614 RIOMAR AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	GALLO, JOHANNA
STREET ADDRESS	7126 EAKER DR
CITY-ST-ZIP	ORLANDO FL
TITLE	TD
NAME	WHITAKER, MARILYN M
STREET ADDRESS	7731 LAKE NELLIE RD
CITY-ST-ZIP	CLERMONT FL
TITLE	D
NAME	PENROD, GLORIA
STREET ADDRESS	7007 SEMINOLE DR
CITY-ST-ZIP	ORLANDO FL
TITLE	PD
NAME	PROULX, JOAN
STREET ADDRESS	5090 FAYANN
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD
1.2 NAME	CYNTHIA JO THIEL
1.3 STREET ADDRESS	1070 LEEWAY CT
1.4 CITY-ST-ZIP	ORLANDO FL 32810-4515
2.1 TITLE	BD SD
2.2 NAME	BETTY BOHON
2.3 STREET ADDRESS	651 PARK AV #1
2.4 CITY-ST-ZIP	WINTER PARK FL 32789
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3-5-98 394-6605

CR2E037 (10/97)