

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90044 048 \*\*\*\*61.25

**DOCUMENT # 719485**

1. Entity 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

2. Principal Place of Business

5090 FAYANN ST

Suite, Apt. #, etc.

ORLANDO, FL

City & State

3. Mailing Address

5090 FAYANN ST

Suite, Apt. #, etc.

ORLANDO, FL

City & State

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2298673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARILYN M WHITAKER  
7731 LAKE NELLIE RD  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

JOAN PROULX

Street Address (P.O. Box Number is Not Acceptable)

5090 FAYANN ST

City

ORLANDO

FL

Zip Code

32812

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD  
NAME FILLOW, BONNIE  
STREET ADDRESS 5256 GOLD TREE CT  
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE TD  
NAME WHITAKER, MARILYN M  
STREET ADDRESS 7731 LAKE NELLIE RD  
CITY-ST-ZIP CLERMONT FL ☒ Delete

TITLE DP  
NAME PROULX, JOAN  
STREET ADDRESS 5090 FAYANN  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE S  
NAME VOLK, ANN  
STREET ADDRESS P.O. BOX 1014  
CITY-ST-ZIP DELAND FL 32721 ☐ Delete

TITLE D  
NAME BURGESS, RUBY  
STREET ADDRESS 1050 PEBBLE BEACH CIR W  
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE D  
NAME ELMER FILLOW  
STREET ADDRESS 5256 GOLD TREE CT  
CITY-ST-ZIP ORLANDO, FL 32808 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
POSITION OPEN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOAN PROULX  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05 407 273 2238  
Date Daytime Phone #