

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																											
DOCUMENT # 753809 1. Corporation Name <i>West Central Fla. Guardianship Services, Inc.</i>																													
Principal Place of Business 1190 HeardBridge Rd Wauchula Fl 33873		Mailing Address <i>P. O. Box 6</i> <i>Wauchula Fl 33873</i>																											
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.																											
22 City & State 23 Zip		27 City & State 28 Zip																											
Zip	Country	Zip	Country																										
24	25	29	30																										
9. Name and Address of Current Registered Agent <i>J. Thorpe</i> <i>1190 Heard Bridge Rd</i> <i>Wauchula, Fl 33873</i>																													
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 <i>J. Thorpe, Pres. & RA.</i> DATE <i>9-21-97</i> <small>Signature, typed or printed name of registered agent and file if applicable</small> <small>(NOTE: Registered Agent signature required when reincorporating)</small>																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td colspan="2"> 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE <i>Vice Pres. - Director</i> <i>Martin, Susan J</i> <i>St. Rd 2510</i> <i>Wauchula, Fl 33873</i> </td> <td> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE <i>Sec/Treas. - Director</i> <i>Long, Laurea</i> <i>156 Pomegranate St</i> <i>Selurig, Fl 33870</i> </td> <td> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE <i>Pres/ Director</i> <i>J. Thorpe</i> <i>1190 Heardbridge Rd</i> <i>Wauchula, Fl 33873</i> </td> <td> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> <td> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> <td> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> <td> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <i>Vice Pres. - Director</i> <i>Martin, Susan J</i> <i>St. Rd 2510</i> <i>Wauchula, Fl 33873</i>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <i>Sec/Treas. - Director</i> <i>Long, Laurea</i> <i>156 Pomegranate St</i> <i>Selurig, Fl 33870</i>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <i>Pres/ Director</i> <i>J. Thorpe</i> <i>1190 Heardbridge Rd</i> <i>Wauchula, Fl 33873</i>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do 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.																													

FILED
Sep 26 1997 8:00am
Secretary of State

CR2E037 (9/96)

SIGNATURE: *J. Thorpe Pres. WC 705 Inc.* **9-15-97** **941-773-6511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**