


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90007 028 *****61.25

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|--|--|--|--|---|--|
| DOCUMENT # N02000003659 | | | |  | |
| 1. Entity Name GUARDIAN ANGELS OF CENTRAL FLORIDA, INC. | | | | | |
| Principal Place of Business 17 S ORLANDO AVENUE KISSIMMEE, FL 34741 | | | Mailing Address 17 S ORLANDO AVENUE KISSIMMEE, FL 34741 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 56-2351118 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MAGRUDER, C. MICHAEL 203 S. CLYDE AVENUE KISSIMMEE, FL 34741 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FOUST, KATHLEEN M 1083 E. LAKE SHORE BLVD. KISSIMMEE, FL 34744 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Michael Foust 1083 E. Lake Shore Blvd. Kissimmee, FL 34744 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JASMIN, MARY R 102 COURT STREET KISSIMMEE, FL 34741 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | John Jasmin - Director 4455 Canoe Creek Rd St. Cloud, FL 34772 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JASMIN, TYRA B 4455 CANOE CREEK ROAD ST. CLOUD, FL 34772 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Donna Olphie - Director 3515 St. Kite Ct. Apt. 2108 Kissimmee, FL 34741 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAMBERLIN, PATTY 419 EASTERN AVENUE ST. CLOUD, FL 34769 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIDSON, JOAN 2350 VIRGINIA DRIVE KISSIMMEE, FL 34741 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Kathleen M. Foust</i> | | | Feb. 2, 2004 407-870-5878 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |