

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-11-2003 90201 014 ****61.25

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FOUST, KATHLEEN M
1083 E. LAKE SHORE BLVD.
KISSIMMEE FL 34744** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JASMIN, MARY R
102 COURT STREET
KISSIMMEE FL 34741** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JASMIN, TYRA B
4455 CANOE CREEK ROAD
ST. CLOUD FL 34772** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHAMBERLIN, PATTY
419 EASTERN AVENUE
ST. CLOUD FL 34769** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIDSON, JOAN
2350 VIRGINIA DRIVE
KISSIMMEE FL 34741** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Katharine Foust
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Date

407-870-5878

Daytime Phone #

CR2E037 (10/02)