FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary & State

DIVISION OF CORPORATIONS

1997 **DOCUMENT** #

Principal Place of Business

C/O CAROL PARKER

328 E SEAVIEW DR

DUCK KEY FL 33050

N43460

(7)

Mailing Address

C/O CAROL PARKER 328 E SEAVIEW DR

DUCK KEY FL 33050-3820

GUARDIAN AD LITEM GUILD OF MONROE COUNTY INCORPO RATED

3. Date Incorporated or Qualified 05/15/1991 05/24/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0305892 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Lund Contribution 23 Added to Fees 28 Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032 Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PARKER, CAROL 62 Street Address (P.O. Box Number is Not Acceptable) 328 E. SEAVIEW DR DUCK KEY FL 33050 83 84 City Zip Code 85 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) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NAME ADLER, JUDY 1.2 NAME 356 E SEAVIEW DR STREET ADDRESS 1.3 STREET ADDRESS DUCK KEY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE D DELETE ☐ Change Addition TITLE CLAIRE LANG **CULLEN. TANYA** NAME 79901 OVERSEAS HIGHWAY 91 FISHERMAN'S TR STREET ADDRESS 2.3 STREET ADDRESS ISLAMMRADA, FL. KEY LARGO FL CITY - ST - ZIP 2 4 CHY-S1-ZIP 31 THLE D DELETE Change TITLE RAY ROZEMA DAWSON, RUTH NAME 3.2 NAME P.O.BOX 1678 **65 TARPON LANE N** STREET ADDRESS 3 3 STREET ADDRESS ISLAMORADA, FL. KEY LARGO FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE PARKER, CAROL NAME 4. 2 NAME 328 E SEAVIEW DR 4.3 STREET ADDRESS STREET ADDRESS DUCK KEY FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE BACHER, CLAUDINE 5.2 NAME NAME 54 TARPON LN-OCEAN REEF STREET ADDRESS 5.3 STREET ADDRESS KEY LARGO FL 5.4 CITY - ST - ZIP CITY-ST-ZIP Change TD DELETE Addition 6.1 TITLE TITLE 100002245861 MONTGOMERY, SYLVIA NAME 6.2 NAME -07/23/97--01131--020 **65 TINGLER LN** STREET ADDRESS 6.3 STREET ADDRESS ***61.25 MARATHON FL 6.4 CITY - \$1 - ZIP CITY-ST-ZIP

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 Statules. 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 undor 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Jul 23 1997 8:00am

3a. Date of Last Report

(96/6) (96/6)

Secretary of State