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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43460

1. Corporation Name

GUARDIAN AD LITEM GUILD OF MONROE COUNTY INCORPORATED

Principal Place of Business

C/O CAROL PARKER
328 E SEAVIEW DR
DUCK KEY FL 33050
US

Mailing Address

C/O CAROL PARKER
328 E SEAVIEW DR
DUCK KEY FL 33050
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified
05/15/1991

4. FEI Number
65-0305892

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

**PARKER, CAROL
328 E. SEAVIEW DR
DUCK KEY FL 33050**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **GOTZES, JANE**
STREET ADDRESS **P.O. BOX 510138 N/A**
CITY-ST-ZIP **KEY COLONY BEACH FL**

TITLE **D** ☐ DELETE
NAME **LANG, CLAIRE**
STREET ADDRESS **79901 OVERSEAS HIGHWAY**
CITY-ST-ZIP **ISLAMORADA FL**

TITLE **D** ☐ DELETE
NAME **TAYLOR, SHEILA**
STREET ADDRESS **1901 S. ROOSEVELT, APT. 406E**
CITY-ST-ZIP **KEY WEST FL**

TITLE **PD** ☐ DELETE
NAME **PARKER, CAROL**
STREET ADDRESS **328 E SEAVIEW DR**
CITY-ST-ZIP **DUCK KEY FL**

TITLE **VD** ☐ DELETE
NAME **BACHER, CLAUDINE**
STREET ADDRESS **54 TARPON LN-OCEAN REEF**
CITY-ST-ZIP **KEY LARGO FL**

TITLE **TD** ☐ DELETE
NAME **MONTGOMERY, SYLVIA**
STREET ADDRESS **65 TINGLER LN**
CITY-ST-ZIP **MARATHON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Sylvia Montgomery **5/8/99** **305-743-5460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)