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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N46870

(4)

GUARDIAN AD LITEM ADVISORY BOARD OF CHARLOTTE CO UNTY, INC.

Mailing Address Principal Place of Business 118 WEST OLYMPIA STREET 118 WEST OLYMPIA STREET **PUNTA GORDA FL 33950** PUNTA GORDA FL 33950 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 01/16/1992 Applied For 4 FELNumber 2. Principal Place of Business 2a. Mailing Address 65-0303120 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Ζıρ Florida Statutes Yes XXNo 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FINKS JEAN M treet Address (P.O. Box Number is Not Acceptable) FINKS, JEAN M. 82 210 WOOD STREET 131 TAYLOR ST. PUNTA GORDA **PUNTA GORDA FL 33950** 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. ____MARCH 1,1996 SIGNATURE JEAN M. FINKS
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 11 TITLE TITLE 1.2 NAME BRENNAN, CELINDA NAME 15550-176 BURNT STORE ROAD 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP PUNTA GORDA FL 33955 CITY-ST-ZIP **√**Change ■ Addition DELETE 2.1 TITLE TITLE TΠ 2.2 NAME SCHUBAUER, LOIS NAME SCHUBAUER, LOIS 2.3 STREET ADDRESS STREET ADDRESS 21199 GAYLORD AVENUE 21199 GAYLORD AVENUE 2 4 CITY-ST-ZIP PORT CHARLOTTE FL PORT CHARLOTTE, FL. 33954 CITY-ST-ZIP DELETE 3 1 TITLE TITLE TD-3.2 NAME BRENNAN, GELINDA NAME GEREMIA, FRANK 3 3 STREFT ADDRESS 15550-176-BURNT-STORE-RD STREET ADDRESS 11144 EULER AVENUE PUNTA COPDA FE 3.4. CITY - S1 - ZIP CITY-ST-ZIP ENGLEWOOD, FL. 34224 XXChange DELETE 41 TiTLE TITLE ₩ 4 2 NAME -FINKS, JEAN STAHLBERGER, TERRY NAME 4.3 STREET ADDRESS 8663 SW SUNNYBREEZE -101-TAYLOR ST. STREET ADDRESS 4.4 CITY - ST - ZIP PUNTA GORDA FL CITY-ST-ZIP ARCADIA, FL. 33821 Change Addition DELETE 5.1 TITLE TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

61 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE: __celinda_brennan_

DELETE

Celenda Dunnan 3/1/96 941-637-0576

Change

Addition

CR2E037