

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003202 (7)

1. Corporation Name

CENTRAL FLORIDA GUARDIANSHIPS & CASE MANAGEMENT,
INC.



Principal Place of Business

4926 MELISSA LANE
LAKELAND FL 33813

Mailing Address

4926 MELISSA LANE
LAKELAND FL 33813

3. Date Incorporated or Qualified
07/05/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 33813-2027

Country US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 33813-2027

Country US

4. FEI Number

59-3333233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

FAIRHURST, PAT
4926 MELISSA LANE
LAKELAND FL 33813

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

33813-2027

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 the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PRESIDENT/CEO, Director ☐ Change ☒ Addition
PAT FAIRHURST
4926 MELISSA LANE
LAKELAND, FL 33813-2027

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

VICE PRESIDENT/TREASURER, Director ☐ Change ☒ Addition
TOM FAIRHURST
4926 MELISSA LANE
LAKELAND, FL 33813-2027

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

SECRETARY, DIRECTOR ☐ Change ☒ Addition
CAROLYN SHEPPARD
5890 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884-

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

600001849086 ☐ Change ☐ Addition
-06/04/96--01014--004
***\$61.25

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition
16-2-96
JP

14. I do 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)(k), 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.

SIGNATURE:

PAT FAIRHURST, President/CEO

4-22-96

941-646-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAT FAIRHURST

CR2E037 (12/95)