

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 # N95000004092 (1)

1. Corporation Name

TREASURE COAST CHAPTER OF THE FLORIDA STATE GUARDIANSHIP ASSOCIATION, INC.

Principal Place of Business

Mailing Address

515 NO. FLAGLER DRIVE STE 1800
WEST PALM BEACH FL 33401

515 NO. FLAGLER DRIVE STE 1800
WEST PALM BEACH FL 33401



3. Date Incorporated or Qualified
08/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

Applied For

EIN-65-0611454

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

10. Name and Address of New Registered Agent

CONNORS, MICHAEL W
515 NO. FLAGLER DRIVE STE 1800
WEST PALM BEACH FL 33401

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME COMISKEY, EILEEN
STREET ADDRESS POST OFFICE BOX 8246 N/A
CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE D ☐ DELETE
NAME CROWLEY, MARYROSE SISTER
STREET ADDRESS POST OFFICE BOX 8246 N/A
CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE TD ☐ DELETE
NAME ENRIGHT, GAYLE
STREET ADDRESS 432 FERN STREET STE 200
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE VD ☐ DELETE
NAME PERRY, RONALD C
STREET ADDRESS 5730 CORPORATE WAY STE 214
CITY-ST-ZIP WEST PALM BEACH FL 33407-2032

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

TITLE SD ☐ DELETE
NAME SANFORD, SUSAN B
STREET ADDRESS 14316 STIRRUP LANE
CITY-ST-ZIP WEST PALM BEACH FL 33414

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

TITLE D ☐ DELETE
NAME CRAMER, JOHN M
STREET ADDRESS 5730 CORPORATE WAY STE 214
CITY-ST-ZIP WEST PALM BEACH FL 33407-2032

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

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:

Gayle L. Enright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gayle L. Enright, Treasurer

4-22-96 (407) 655-8944

Date

Daytime Phone

257.259

CR2E037 (12/95)