

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000517 (0)

1. Corporation Name

NORTHEAST FLORIDA GUARDIANSHIP, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2187
ST. AUGUSTINE FL 32085

P.O. BOX 2187
ST. AUGUSTINE FL 32085-2187

3. Date Incorporated or Qualified
01/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2200 N. PONCE DE LEON BLVD

26 Suite, Apt. #, etc.

22 SUITE 9

27 Suite, Apt. #, etc.

23 ST. AUGUSTINE, FL

28 City & State

24 32084

25 Country

29 Zip

30 Country

25 ST. JOHNS

29 Zip

30 Country

4. FEI Number

59-3366337

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

10. Name and Address of New Registered Agent

O'CONNELL, W. S
2200 N. PONCE DE LEON BLVD., STE. 7
ST. AUGUSTINE FL 32088

81 Name

W. H. O'CONNELL

82 Street Address (P.O. Box Number is Not Acceptable)

2200 N. PONCE DE LEON BLVD SUITE 9

83

84 City

ST. AUGUSTINE

FL

85 Zip Code

32084

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)

4/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME W. H. O'CONNELL

STREET ADDRESS 1091 MINDELLO AVE.

CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME W. S. O'CONNELL

STREET ADDRESS 11 3RD ST.

CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME AIMEE KING

STREET ADDRESS 11 3RD ST.

CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

CR2E037 (9/96)