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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Saryira B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N9600000517 (0) DOCUMENT #

NORTHEAST FLORIDA GUARDIANSHIP, INC.

FILED Jul 15 1997 8:00am Secretary of State



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ST. AUGUSTINE FL \$2085 S. Date Incorporated or Qualified 3e. Date of Last Report 1/26/1996 3e. Date o	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Malling Addres	SS .	w. 11 1		0118 40831 00111 00103 08801 11011 1408 8801
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Sulle, Apit. #0. Sulle, Apit. #1. etc. Sulle, Apit						3a. Date of Last Report
Sulte, Apt. #, etc. Sulte, Apt. #, etc.			dress		4. FEI Number	Applied For
22 State					59-3366337	Not Applica
28 ST, Augustine 28 Control 24 26 Country 8. This supportation to the purpose of changing is registered Agent Street Address of New Registered	22 SUITE 9	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country Zip Country Zip Country Zip Country S. This corporation has liability for intangible lax under s. 199 or Florida Statules Total		— ´)		, , ,	\$5.00 May Be Added to Fees
25 ST, John 20 30 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 84 Street Address (P.O. Box Number is Not Acceptable) 220 N. PONCE DE LEON BLVD., STE. 7 ST. AUGUSTINE FL 32088 84 ST. AUGUSTINE FL 85 30 Cody, agent to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above named corporational parity with agent	Zip Country	Zφ	Co	untry	8. This corporation has liability for	intangible tax under s. 199.032,
O'CONNELL W. S 2200 N. PONCE DE LEON BLVD., STE. 7 ST. AUGUSTINE FL 32088 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation (1) mits this statement for the purpose of changing its register agent, and to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation (2) mits this statement for the purpose of changing its register agent, and to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation (3) mits this statement for the purpose of changing its register agent. Its an familiar with, and accorptable obligations of factor of 17.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE MAME STREET ADDRESS CITY-S1-2IP DELETE DELETE DELETE 1. TITLE 1. STREET ADDRESS CITY-S1-2IP DELETE 3. TITLE 3. STREET ADDRESS 2. STREET ADDRESS CITY-S1-2IP DELETE 4. TITLE 3. STREET ADDRESS 3. STREET ADDRESS CITY-S1-2IP DELETE 4. TITLE 3. STREET ADDRESS 3. STREE		NS 29		1	Florida Statutes] Yes 🔲 No
O'CONNELL W. S 2200 N. PONCE DE LEON BLVD., STE. 7 ST. AUGUSTINE FL 32088 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 ST. AUGUSTINE FL 85 30 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above named corporation (Domits this statement for the purpose of changing its register agent. I am familiar with, and acceptable) such as authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and acceptable of the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and acceptable of control of the purpose of changing its register agent. I am familiar with, and acceptable of control of the purpose of changing its register agent. I am familiar with, and acceptable of control of the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with appointment as register agent. I am familiar applying to the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar applying to the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar applying to the corporation's board of directors. I her	9, Name and Address of Cu	rrent Registered Agent		04 1	10. Name and Address of New Re	gistered Agent
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation dumits this statement for the purpose of changing fits regist agent. I am familiar with, and accept the appointment as registered agent, agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent signature required when rematating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11ILE 1.1 TILLE 1.1 TILLE 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-SI-ZIP 1.5 CONNECL 1.6 Change Additional according to the provisions of Sections 617.0502, Florida Statutes. 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-SI-ZIP 1.5 CONNECL 1.6 Change 1.7 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.8 CONNECL 1.9 CONNECL 1.9 Change 1.0 Change 1.1 ACCEPT ST. ADDRESS CITY-ST-ZIP 1.1 CHANGE 1.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 1.1 CHANGE 3.3 STREET ADDRESS CITY-ST-ZIP 1.1 CHANGE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 1.1 TILLE 1.1 TILLE 1.1 TILLE 1.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 STREET ADDRESS 3.5 STREET ADD	2200 N. PONCE DE LEON BLVD., STE	E. 7		82 Street Add	dress (P.O. Box Number is Not Acceptate	Con BWD Suite
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SIGNATURE Signature Signature Signature Signature of registered agent and tillert applyable. (NOTE: Registered Agent signature required when reinetating) 12.	agent. I am familiar with, and accomplishe of	bligations of section 6	7,0503, Florida Sta	atutes.	ation's board of directors. Thereby accep	ot the appointment as registered
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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.