FILE NOW: FILING FEE IS $61.25

FILED
Mar 05 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 # **N96000005209 (9)**

1. Corporation Name

LA-MAR BEACH CHAPTER, FLORIDA STATE GUARDIANSHIP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1126 MARGATE COURT PORT ORANGE FL 32127	POST OFFICE BOX 238305 ALLENDALE FL 32123-8305

3. Date Incorporated or Qualified: 10/07/1996
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3409667 ☐ 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

CEELY, MARY ELLEN
233 EAST RICH AVENUE
DELAND FL 32724

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME			1.2 NAME	KATHRYN F. MINGLE	
STREET ADDRESS			1.3 STREET ADDRESS	1128 MARGATE COURT	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	PORT ORANGE, FL 32127-5601	
TITLE		☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME			2.2 NAME	ALBERT J. INGHAM, JR.	
STREET ADDRESS			2.3 STREET ADDRESS	89 SOUTH ATLANTIC AVENUE, UNIT 1605	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME			3.2 NAME	CONSTANCE S. VANGORDEN	
STREET ADDRESS			3.3 STREET ADDRESS	233 EAST RICH AVENUE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	DELAND, FL 32724	
TITLE		☐ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME			4.2 NAME	M. THERESA BAKER	
STREET ADDRESS			4.3 STREET ADDRESS	628 S.E. 17th STREET	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	OCALA, FL 34471	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	COLLEEN M. DURIS	
STREET ADDRESS			5.3 STREET ADDRESS	P.O. BOX 2405 N/A	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	OCALA, FL 34478	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	JULIE A. PRUETT	
STREET ADDRESS			6.3 STREET ADDRESS	129 SEMINOLE AVENUE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176	

CR2E037 (9/96)

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.

SIGNATURE: Kathryn F. Mingle REQUIRED KATHRYN F. MINGLE, PRESIDENT (904) 761-7628 02-23-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

Box 13 continued

Title: D Change
Name: Mary Ellen Ceely
Address: 233 East Rich Avenue
DeLand, FL 32724