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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005209 (9)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**1128 MARGATE COURT
PORT ORANGE FL 32127**

**POST OFFICE BOX 238005
ALLENDALE FL 32123**

ALLANDALE FL 32123

3. Date Incorporated or Qualified

10/07/1996

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

ALLANDALE (Spelling)

Zip

Country

29

VOLUSIA

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
MINGLE, KATHRYN F.
STREET ADDRESS **1128 MARGATE COURT**
CITY-ST-ZIP **PORT ORANGE FL**

TITLE ☐ DELETE

NAME **V**
INGHAM, ALBERT J. J
STREET ADDRESS **89 SOUTH ATLANTIC AVE., UNIT 1605**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **T**
VANGORDEN, CONSTANCE S.
STREET ADDRESS **233 EAST RICH AVE.**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME **S**
BAKE, THERESA M.
STREET ADDRESS **628 S.E. 17TH STREET**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **D**
DURIS, COLLEN M
STREET ADDRESS **P.O. BOX 2405**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **D**
PRUETT, JULIE A.
STREET ADDRESS **129 SEMINOLE AVE.**
CITY-ST-ZIP **ORMOND BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME **MINGLE, KATHRYN F. (Spelling)**
1.3 STREET ADDRESS **1128 MARGATE COURT**
1.4 CITY-ST-ZIP **PORT ORANGE, FL 32127**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V**
BAKER, M. THERESA
2.3 STREET ADDRESS **628 S.E. 17TH STREET**
2.4 CITY-ST-ZIP **OCALA, FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **S**
JULIE A. PRUETT
4.3 STREET ADDRESS **129 SEMINOLE AVENUE**
4.4 CITY-ST-ZIP **ORMOND BEACH, FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **D**
INGHAM, ALBERT J. JR
6.3 STREET ADDRESS **89 SOUTH ATLANTIC AVENUE, UNIT 1605**
6.4 CITY-ST-ZIP **ORMOND BEACH, FL**

14. I 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* **KATHRYN F. MINGLE**
PRESIDENT

JANUARY 16, 1998

(904) 761-7628

CR2E037 (10/97)