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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000005209**

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 238305 ALLANDALE FL 32123 US

233 East Rich Ave

2. Principal Place of Business	2a. Mailing Address
21 ~~233 East Rich Ave~~	26 233 East Rich Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Deland FL	City & State 28 Deland FL
Zip 24 32724 Country 25 USA	Zip 29 32724 Country 30 USA

3. Date Incorporated or Qualifed: 10/07/1996

4. FEI Number: 59-3409667 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CEELY, MARY ELLEN 233 EAST RICH AVENUE DELAND FL 32724	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MINGLE, KATHRYN F. 1128 MARGATE COURT PORT ORANGE FL 32127	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President M. Theresa Baker 628 SE 17th St Ocala FL 34471	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BAKER, THERESA M. 628 SE 17TH STREET OCALA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President Albert J. Ingham, Jr 89 South Atlantic Ave, Unit 1605 Ormond Bch, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VANGORDEN, CONSTANCE S. 233 EAST RICH AVE. DELAND FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PRUETT, JULIE A. 129 SEMINOLE AVENUE ORMOND BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURIS, COLLEN M P.O.BOX 2405 N/A OCALA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGHAM, ALBERT J. JR. 89 SOUTH ATLANTIC AVENUE, UNIT 1605 ORMOND BEACH FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: M. Theresa Baker SIGNATURE REQUIRED President 4/19/99 (352) 732-3090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)