2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90021 008 ****61.25

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1. Entity Name

LA-MAR BEACH CHAPTER, FLORIDA STATE GUARDIANSHIP

Principal Place of Business	Mailing Address
233 E. RICH AVE DELAND FL 32724	233 E. RICH AVE DELAND FL 32724-4357 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CEELY, MARY ELLEN 233 EAST RICH AVENUE DELAND FL 32724	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP INGRAHAM, ALBERT J 89 S. ATLANTIC AVE #1605 ORMOND BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ingraham, Albert J. 890 S. Atlantic Ave #1605 Ormond Bch. FL 32176	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAKER, THERESA M. 628 SE 17TH STREET OCALA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Kathryn F. Hingle 1128 Hargate Ct Port Orange, FL 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VANGORDEN, CONSTANCE S. 233 EAST RICH AVE. DELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PRUETT, JULIE A. 129 SEMINOLE AVENUE ORMOND BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mary Ellen Ceely 233 E. Rich Ave DeLand, FL 32724	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGHAM, ALBERT J. JR. 89 SOUTH ATLANTIC AVENUE, UNIT 1605 ORMOND BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Effie J. Santucci 105 W. Spring St DeLeon Springs, FL 32130	☐ Change ☑ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Treasurer 3/9/00 904/734-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #