


**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

54021336

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<b>DOCUMENT # N96000005209</b>				03-24-2004 90001 015 ****61.25			
1. Entity Name <b>LA-MAR BEACH CHAPTER, FLORIDA STATE GUARDIANSHIP ASSOCIATION, INC.</b>							
Principal Place of Business <b>233 E. RICH AVE DELAND, FL 32724</b>		Mailing Address <b>233 E. RICH AVE DELAND, FL 32724 US</b>		<b>54021336</b>			
2. Principal Place of Business		3. Mailing Address		02202004 Chg-NP CR2E037 (10/03)		4. FEI Number <b>59-3409667</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>CEELY, MARY ELLEN 233 EAST RICH AVENUE DELAND, FL 32724</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D CRISP, RON 217 SEMINOLE DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T GARU, NANCY 245 SEAVIEW AVE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P VANGORDEN, CONSTANCE S. PO BOX 610 GENEVA, FL 32732 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MINGLE, KATHRYN F 1128 MARGATE CT PORT ORANGE, FL 32127 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V CHURCH, KIM M PO BOX 4651 DELAND, FL 32721 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D SANTUCCI, EFFIE J 105 W. SPRING ST DE LEON SPRINGS, FL 32130 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
				S MARTHA SMITH 283 LINDEN STREET ORMOND BEACH, FL 32174			
				D JETTA L. GETTY 5230 ORANGE AVENUE PORT ORANGE, FL 32129			
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: <b>KATHRYN F. MINGLE, PRESIDENT</b> <i>Kathryn F. Mingle</i>				02-20-04 (386) 761-7628			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			