

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

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DOCUMENT # N96000005209					
1. Entity Name LA-MAR BEACH CHAPTER, FLORIDA STATE GUARDIANSHIP ASSOCIATION, INC.					
Principal Place of Business 233 E. RICH AVE DELAND, FL 32724			Mailing Address 233 E. RICH AVE DELAND, FL 32724 US		
2. Principal Place of Business		3. Mailing Address 1655 N. CLYDE MORRIS			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 1			
City & State		City & State DAYTONA BEACH FL		03152005 Chg-NP CR2E037 (10/03)	
Zip		Zip 32117		Country Volusia	
4. FEI Number 59-3409667				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CEELY, MARY ELLEN 233 EAST RICH AVENUE DELAND, FL 32724			7. Name and Address of New Registered Agent Name: MICHAEL A. PYLE Street Address (P.O. Box Number is Not Acceptable): 1655 N. CLYDE MORRIS BLVD. STE. 1 City: DAYTONA BEACH FL Zip Code: 32117		
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: DATE: 4/2/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME CRISP, RON STREET ADDRESS 217 SEMINOLE DR CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME GARD, NANCY STREET ADDRESS 245 SEAVIEW AVE CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete		TITLE T NAME EDITH M. MYETT STREET ADDRESS 428 N. BEACH ST. CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME VANGORDEN, CONSTANCE S. STREET ADDRESS PO BOX 610 CITY-ST-ZIP GENEVA, FL 32732	<input checked="" type="checkbox"/> Delete		TITLE VP NAME JETTA L. GETTY STREET ADDRESS 5230 ORANGE AVE. CITY-ST-ZIP PORT ORANGE, FL 32129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME MINGLE, KATHRYN F STREET ADDRESS 1128 MARGATE CT CITY-ST-ZIP PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SMITH, MARTHA STREET ADDRESS 283 LINDEN ST. CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GETTY, JETTA L STREET ADDRESS 5230 ORANGE AVE. CITY-ST-ZIP PORT ORANGE, FL 32129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			4/2/05 386-673-0822		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		