

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State



04-28-2006 90166 038 ****70.00

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03212006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3409667
Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

| | | | |
|--|---|---|---|
| DOCUMENT # N96000005209 | |  | |
| 1. Entity Name LA-MAR BEACH CHAPTER, FLORIDA STATE GUARDIANSHIP ASSOCIATION, INC. | | Mailing Address 1655 N CLYDE MORRIS STE 1 DAYTONA BEACH, FL 32117 US | |
| Principal Place of Business 233 E. RICH AVE DELAND, FL 32724 | | Mailing Address 1655 N CLYDE MORRIS STE 1 DAYTONA BEACH, FL 32117 US | |
| 2. Principal Place of Business 1655 N. CLYDE MORRIS | | 3. Mailing Address | |
| Suite, Apt. #, etc. STE 1 | | Suite, Apt. #, etc. | |
| City & State DAYTONA BEACH FL | | City & State | |
| Zip 32117 | Country FLORIDA | Zip | Country |
| 6. Name and Address of Current Registered Agent CEELY, MARY ELLEN 1635 N CLYDE MORRIS BLVD STE 1 DAYTONA BEACH, FL 32117 | | 7. Name and Address of New Registered Agent 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. 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> | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | D CRISP, RON 217 SEMINOLE DR ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR NANCY GARD 2455 EAVIEW AVE. DAYTONA BEACH FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MYETT, EDITH 428 N BEACH ST 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 | VP GETTY, JETTA 5230 ORANGE AVE PORT ORANGE, FL 32129 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MINGLE, KATHRYN F 1128 MARGATE CT PORT ORANGE, FL 32127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SMITH, MARTHA 283 LINDEN ST. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GETTY, JETTA L 5230 ORANGE AVE. PORT ORANGE, FL 32129 <input checked="" 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 exemptions contained in Chapter 119, 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:  | | JETTA L. GETTY PRES. 4/25/06 386-763-0030 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |