2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90037 018 ****70.00

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1. Entity Name
LA-MAR BEACH CHAPTER, FLORIDA STATE GUARDIANSHIP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1655 NORTH CLYDE MORRIS SUITE 1 DAYTONA BEACH, FL 32117	1655 N CLYDE MORRIS STE 1 DAYTONA BEACH, FL 32117 US

03292008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		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
P&D MANAGEMENT, LLC 1655 N. CLYDE MORRIS STE 1 DAYTONA BEACH, FL 32117	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 GARD, NANCY 245 SEAVIEW AVE DAYTONA BEACH, FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRISP, RON 217 SEMINOLE DR. ORMOND BEACH, FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MYETT, EDITH 428 N BEACH ST ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GETTY, JETTA 5230 ORANGE AVE PORT ORANGE, FL 32129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GETTY, JETTA 5230 ORANGE AVE PORT ORANGE, FL 32129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MINGLE, KATHRYN F 1128 MARGATE CT PORT ORANGE, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SMITH, MARTHA 283 LINDEN ST. ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SMITH, MARTHA 283 LINDEN ST. ORMOND BEACH, FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN GORDEN, CONTANCE P.O. 610 GENEVA, FL 327320610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOSTIC, WAYNE 3265 MAVERICK LANE ORMOND BEACH, FL 32174	☐ Change ☒ 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. EDITH M. MYETT - DIRECTOR/TREASURER

SIGNATURE: Edith M. Myett DT 4-8-08 386-673-0822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #