## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005209

FILED Apr 30, 2009 Secretary of State

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

Current Principal Place of Business:				New	New Principal Place of Business:			
	TH CLYDE MC	RRIS						
SUITE 1 DAYTONA	BEACH, FL 3	32117						
Current Mailing Address:				New	New Mailing Address:			
1655 N.C.L.	YDE MORRIS							
STE 1	BEACH, FL 3	32117 US						
	59-3409667		Applied For ( )	FEI Number N	ot Applicable	( ) Certificate of Stat	us Desired ( )	
Name and	Address of C	urrent Regi	stered Agent:	Nam	e and Addr	ess of New Registered	Agent:	
	AGEMENT, LL							
1655 N. CL	YDE MORRIS BEACH, FL 3	STE 1						
	·							
	named entity s e of Florida.	submits this s	tatement for the	purpose of char	nging its regi	istered office or registere	d agent, or both,	
SIGNATUF	RE:							
	Electron	ic Signature	of Registered Ag	ent		Date	_	
OFFICERS	S AND DIREC	TORS:		ADD	ITIONS/CH	ANGES TO OFFICERS	AND DIRECTORS:	
Title:	D ()	Delete		Title:		( ) Change ( ) Additio	n	
Name:	GARD, NANCY	A) (=		Name				
Address: City-St-Zip:	245 SEAVIEW / DAYTONA BEA			Addre City-S	ss: St-Zip:			
Title:	TD ()	Delete		Title:	DP	(X) Change ( ) Addition	n	
Name:	MYETT, EDITH			Name	: MYE	TT, EDITH		
Address:	428 N BEACH S			Addre		N BEACH ST		
City-St-Zip:	ORMOND BEAC	CH, FL 32174		City-S	St-Zip: ORM	OND BEACH, FL 32174		
Title:	. ,	Delete		Title:		( ) Change ( ) Additio	n	
Name:	GETTY, JETTA	A)/E		Name Addro				
Address: City-St-Zip:	5230 ORANGE PORT ORANGE			Addre City-S	ss. St-Zip:			
Title:	DS ()	Delete		Title:		( ) Change ( ) Additio	n	
Name:	MINGLE, KATH			Name	e:	, , ,		
Address:	1128 MARGATE	E CT		Addre	ss:			
City-St-Zip:	PORT ORANGE	, FL 32127		City-S	St-Zip:			
Title:	, ,	Delete		Title:	DT	(X) Change ( ) Addition	n	
Name:	SMITH, MARTH			Name		H, MARTHA		
	283 LINDEN ST			Addre Citv-S		LINDEN ST. OND BEACH, FL 32174		
Address:	ORMOND BEAC			, -		,		
Address: City-St-Zip:	ORMOND BEAC			T:41	_	/V\ Channa / \ A -1-1!#! -	n	
Address: City-St-Zip: Title:	D ()	Delete		Title:	D BOST	(X) Change ( ) Addition	n	
Address: City-St-Zip: Title: Name:	D () BOOTIE, WAYN	Delete IE		Name	: BOST	ΓΙC, WAYNE	n	
Address:	D ()	Delete IE LANE		Name Addre	e: BOST ess: 326 F		n	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH MYETT PRES 04/30/2009