## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9600005209

1. Entity Name

TITLE

NAME

STREET ADDRESS

SANTUCCI, EFFIE J

105 W. SPRING ST

## LA-MAR BEACH CHAPTER, FLORIDA STATE GUARDIANSHIP ACCOCIATION INC



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90401 016 \*\*\*\*61.25

HOOUGINI	1014, 1140.							
Principal Place of Business 33 E. RICH AVE IELAND FL 32724		Mailing Address 233 E. RICH AVE DELAND FL 32724 US		11011111 915 1916			1811 18 <b>1</b> 1	
2. Principal Pla	ace of Business	3. Mailing Address				<u>                                      </u>	<b>15</b> 11 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	<u> </u>	4. FEI Number 59	-3409667	<u> </u>	lied For Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
		D-letered Apont		7. Name and Addi	ress of New Registere	d Agent		
	6. Name and Address of Current	Registered Agent	Name -	200			}	
•				Street Address (P.O. Box Number is Not Acceptable)				
CEELY, M	ARY ELLEN		Street Addi	ess (P.O. Box Number is in	iol Acceptable)			
	RICH AVENUE			<u> </u>			l l	
DELAND F	L 32724					Zip Code		
	A.		1 1	City				
	named entity submits this statement for	the authors of changing its re	agistered office or re	gistered agent, or both, in	the State of Florida. I a	m familiar with, a	nd accept	
the obligation	named entity submits this statement to ons of registered agent.	of the purpose of ortal gard in		-				
,	• · · · · · · · · · · · · · · · · · · ·						\	
SIGNATURE -	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DAT	É .		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
					TO TO OFFICERS AND	DIRECTORS IN	10	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND		Addition 8	
TITLE	# Directive	☐ Delete	TITLE	lice Prusing	2416	☐ Change	Addition S	
NAME	CRISP, RON	1 Change	NAME	Cin Maria		_	,  ;	
STREET ADDRESS	217 SEMINOLE DR	_ ,		5.0.304 HUE			) }	
CITY-ST-ZIP	ORMOND BEACH FL 32174			DELAND FL		Change	Maddition 6	
TITLE	Ť	Delete	TITLE	Mechanian		Change	Addition	
NAME	GAGNON, JULIA	r	NAME	NAMENT CAN	272			
	855 LANCASTER RD			ane precio	من است		)	
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP	Aug TON-CO BON	<u> </u>	.10	Addition	
TITLE	# Prasident	☐ Delete	TITLE	Secritacy	5	Change	Addition	
NAME	VANGORDEN, CONSTANCE S.	√ change	NAME	HARMAS	ALIACE.		1	
STREET ADDRESS	233 EAST RICH AVE. P.O.B	HWO.	STREET ADDRESS	783 FINDE		\		
CITY-ST-ZIP	DELAND EL Gran	evar-32732-	CITY-ST-ZIP	CarondBa	ACK -C 3.	7110	N. Addition	
TITI C	P	Delete	TITLE	Dieretor		☐ Change	Addition	
TITLE NAME	PRUETT, JULIE A.	/`	NAME	KALLUNGOF.	Minches -			
STREET ADDRESS	AND ACCUMANCE ASSESSED.		STREET ADDRESS	1198 HOE	grice es			
CITY-ST-ZIP	ORMOND BEACH FL	•	CITY-ST-ZIP	PORT OSOM	4 FL 33	17-11-		
	D D DEAOTTE	Delete	TITLE .		<i>u</i>	☐ Change	☐ Addition	
TITLE	CEELY, MARY ELLEN	Doing.	NAME					
NAME STREET ADDRESS			STREET ADDRESS					
			CITY-ST-ZIP					
CITY-ST-ZIP	DELAND FL 32724		_ <b></b>			Change	□ Addition	

12. Thereby 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 of 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 lattach near with an address, with all other like empowered. CITY-ST-ZIP DE LEON SPRINGS FL 32130

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE: CON

☐ Addition

Change