

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003192

1. Corporation Name

GUARDIANSHIP COUNCIL OF WEST PASCO, INC.

Principal Place of Business

4918 FLORAMAR TERRACE
NEW PORT RICHEY FL 34652

Mailing Address

4918 FLORAMAR TERRACE
NEW PORT RICHEY FL 34652

FILED

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STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/02/1997
City & State	City & State	4. FEI Number 59-3504967
Zip	Zip	APPLIED FOR
Country	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOK, JOAN NELSON ESQ.
4918 FLORAMAR TERRACE
NEW PORT RICHEY FL 34652

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HOOK, JOAN NELSON ESQ.	1.2 NAME	
STREET ADDRESS	4918 FLORAMAR TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLDEN, NANCY	2.2 NAME	
STREET ADDRESS	408-1 STATE ROAD 54	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SNIZEK, PAULINE	3.2 NAME	
STREET ADDRESS	8008 SUNSHINE BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	WING, CLIFF	4.2 NAME	Thompson, Annette
STREET ADDRESS	11823 GOLDEN RAIN DRIVE	4.3 STREET ADDRESS	13206 Don Loop
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	4.4 CITY-ST-ZIP	Spring Hill FL 34609
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR
JOAN NELSON HOOK

5-1-99 127842 1001

Date

Daytime Phone #

CR2E037 (1/93)