

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90259 024 ****70.00

DOCUMENT # N98000007066

1. Entity Name
FLORIDA GUARD ASSOCIATION INC.



Principal Place of Business
**4970 SABAL PALM BLVD APT 310
FT LAUDERDALE, FL 33319**

Mailing Address
**4970 SABAL PALM BLVD APT 310
FT LAUDERDALE, FL 33319**

20040728



2. Principal Place of Business
75 GREENTREE ST.
Suite, Apt. #, etc.

3. Mailing Address
75 GREENTREE ST.
Suite, Apt. #, etc.

03282005 Chg-NP CR2E037 (10/03)

City & State
HOMOSASSA, FL

City & State
HOMOSASSA, FL

4. FEI Number
65-0097779

☒ Applied For
☐ Not Applicable

Zip
34446

Country
USA

Zip
34446

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROWN, JOSEPH
**4970 SABAL PALM BLVD APT 310
FT LAUDERDALE, FL 33319**

7. Name and Address of New Registered Agent

Name **JOHN G. AUSTIN, JR.**

Street Address (P.O. Box Number is Not Acceptable)

75 GREENTREE ST

City **HOMOSASSA**

FL Zip Code **34446**

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 *John G. Austin Jr.*

APRIL 12, 2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE PD
NAME **BROWN, JOSEPH** ☒ Delete
STREET ADDRESS **4970 SABAL PALM BLVD. APT 310**
CITY- ST- ZIP **FORT LAUDERDALE, FL 33319**

TITLE VPD
NAME **MACIOL, EUGENE V** ☒ Delete
STREET ADDRESS **3351 NE 17TH AVENUE**
CITY- ST- ZIP **OAKLAND PARK, FL 33334**

TITLE STD
NAME **HANDLER, FRANK** ☒ Delete
STREET ADDRESS **1906 SW 83RD AVE**
CITY- ST- ZIP **NORTH LAUDERDALE, FL 33860**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME **JOHN G. AUSTIN, JR**
STREET ADDRESS **75 GREENTREE ST.**
CITY- ST- ZIP **HOMOSASSA, FL 34446**

TITLE VPD ☐ Change ☒ Addition
NAME **CHARLES D. WALTER**
STREET ADDRESS **13037 EVERARD DR.**
CITY- ST- ZIP **SPRING HILL, FL 34609**

TITLE STD ☐ Change ☒ Addition
NAME **EDWARD G. WEISE**
STREET ADDRESS **530 S.E. 15TH ST. APT-2**
CITY- ST- ZIP **POMPANO BEACH, FL 33060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. 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 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: *John G. Austin Jr.* **JOHN G. AUSTIN, JR** 04/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 382-7662