

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:49

DOCUMENT # 767217 (3)
1. Corporation Name
CHILD GUARDIANS, INC.

Principal Place of Business Mailing Address
1800 ST. MARY'S P.O. BOX 3 PENSACOLA FL 32501
1800 ST. MARY'S P.O. BOX 3 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1983 3a. Date of Last Report 03/25/1994
4. FEI Number 59-2364092 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
KOHR, ALAN CPA
23 E WRIGHT ST
PENSACOLA FL 32501
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | T | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGRAW, SALLY S | 1.2 NAME | |
| STREET ADDRESS | 422 KENT PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULF BREEZE FL | 1.4 CITY-ST-ZIP | |
| TITLE | C | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELCH, BOBBY | 2.2 NAME | |
| STREET ADDRESS | 835 TANGLEWOOD DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 2.4 CITY-ST-ZIP | |
| TITLE | C | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNOWLES, MARY | 3.2 NAME | |
| STREET ADDRESS | 356 ARABIAN CIR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUNO, THEODORE F. | 4.2 NAME | |
| STREET ADDRESS | 12575 PROSPERO DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENJAMIN, MILLIE | 5.2 NAME | |
| STREET ADDRESS | 30 EAST TEXAR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 5.4 CITY-ST-ZIP | |
| TITLE | TO | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ECKERLEIN, DOROTHY | 6.2 NAME | |
| STREET ADDRESS | 2721 DUNSINANE RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sally S. McGraw 1-17-95 (904) 469 1056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number