

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 16, 2004
Secretary of State**

DOCUMENT# 767217

Entity Name: CHILD GUARDIANS, INC.

Current Principal Place of Business:

2257 N PALAFOX ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

2257 N PALAFOX ST
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-2364092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILL, GERALD
202 W JACKSON STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: SWITZER, JANE
Address: 92 HIGHPOINT DR
City-St-Zip: GULF BREEZE, FL 32561

Title: TV () Delete
Name: PYLE, CHERYL
Address: 10261 TANAGER CIR
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: HORTON, VICKIE
Address: 2103 FOXFORD STREET
City-St-Zip: CANTONMENT, FL 32533

Title: TS () Delete
Name: DAVIS, SUSAN
Address: 947 VESTAVIA WAY
City-St-Zip: GULF BREEZE, FL 32561

Title: TV () Delete
Name: WILLIAMS, RAE
Address: P O BOX 8
City-St-Zip: VALPARAISO, FL 32580

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TP (X) Change () Addition
Name: PYLE, CHERYL
Address: 10261 TANAGER CIR
City-St-Zip: PENSACOLA, FL 32507

Title: TV (X) Change () Addition
Name: DAVIS, SUSAN
Address: 947 VESTAVIA WAY
City-St-Zip: GULF BREEZE, FL 32561

Title: T (X) Change () Addition
Name: MADDEN, PHILOMENA
Address: 1941 EAST LLOYD STREET
City-St-Zip: PENSACOLA, FL 32503

Title: TRS (X) Change () Addition
Name: HARRELL, SUSAN
Address: 11000 UNIVERSITY PKWY BLDG 85/ RM 159
City-St-Zip: PENSACOLA, FL 32514

Title: TCS (X) Change () Addition
Name: ROBERTS, STACY
Address: 11540 STUCKI ROAD
City-St-Zip: ELBERTA, AL 36530

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILOMENA MADDEN

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03/16/2004

Electronic Signature of Signing Officer or Director

_____ Date