

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001978

FILED
Apr 13, 2005
Secretary of State

Entity Name: AMERICAN GUARANTY FUND GROUP, INC.

Current Principal Place of Business:

1425 E PIEDMONT SUITE 201B
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1425 E PIEDMONT SUITE 201B
TALLAHASSEE, FL 32308

New Mailing Address:

P.O. BOX 15159
TALLAHASSEE, FL 32317

FEI Number: 20-0928712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEENAN, TIMOTHY J
204 S MONROE ST
TALLAHASSEE, FL 32301 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCH () Change (X) Addition
Name: STAHL, THOMAS W
Address: 116 S MONROE ST, 3RD FLOOR
City-St-Zip: TALLAHASSEE, FL 32301

Title: P () Change (X) Addition
Name: ROBINSON, SANDRA J CPA
Address: P.O. BOX 15159
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Change (X) Addition
Name: JARRATT, ROBERT
Address: P.O. BOX 147030
City-St-Zip: GAINESVILLE, FL 32617

Title: DST () Change (X) Addition
Name: WHITE, FRANK
Address: 21034 SWEETWATER LANE, N
City-St-Zip: BOCA RATON, FL 33428

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: SANDRA J. ROBINSON, CPA

PRES

04/13/2005

Electronic Signature of Signing Officer or Director

Date