

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Feb 13, 2001 8:00 am  
Secretary of State**

02-13-2001 90576 028 \*\*\*\*61.25

0075181

**DOCUMENT # N96000000368**

1. Entity Name

**THE CHILDREN'S GUARDIAN FUND, INC.**

Principal Place of Business

Mailing Address

CHILDREN'S GUARDIAN FUND  
2000 MAIN STREET RM 302  
SARASOTA FL 34230

PO BOX 49722  
SARASOTA FL 34230

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0626074**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLIVECRONA, MARGARETHA  
2024 TANGLEWOOD DR  
SARASOTA FL 34239**

Name

**Joan Sarney**

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

**850 Mangrove Point Rd.**

City

**Sarasota, FL.**

FL

Zip Code

**34242**

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.

SIGNATURE

*Joan Sarney* **Joan Sarney**

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

(NOTE: Registered Agent signature required when reinstating)

**2-6-01**

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HANEY, DOROTHY</b>	
STREET ADDRESS	<b>3121 LAKE PARK LN</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, GAIL</b>	
STREET ADDRESS	<b>3909 RAVENWOOD DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, ANN</b>	
STREET ADDRESS	<b>1736 STARLING DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>#D</b>	<input type="checkbox"/> Delete
NAME	<b>FLANNERY, JOSEPH</b>	
STREET ADDRESS	<b>1953 WHITE FEATHER LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>#D</b>	<input type="checkbox"/> Delete
NAME	<b>OLIVECRONA, MARGARETHA</b>	
STREET ADDRESS	<b>2024 TANGLEWOOD DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Virginia M. Judge</b>	
STREET ADDRESS	<b>630 Magellan Drive</b>	
CITY-ST-ZIP	<b>Sarasota, FL. 34243</b>	
TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joan Sarney</b>	
STREET ADDRESS	<b>850 Mangrove Point Rd</b>	
CITY-ST-ZIP	<b>Sarasota, FL. 34242</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kathleen List</b>	
STREET ADDRESS	<b>4851 - 11th Ave Circle East</b>	
CITY-ST-ZIP	<b>Bradenton, FL. 34208</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Renee Pastor</b>	
STREET ADDRESS	<b>707 S. Gulfstream Ave., PH2</b>	
CITY-ST-ZIP	<b>Sarasota, FL. 34236</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Charlie Wagner</b>	
STREET ADDRESS	<b>1742 Starling Drive</b>	
CITY-ST-ZIP	<b>Sarasota, FL. 34231</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Linda Harradine</b>	
STREET ADDRESS	<b>3451 Queens St. #417</b>	
CITY-ST-ZIP	<b>Sarasota, FL. 34231</b>	

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:

*Joan Sarney* **Joan Sarney, Treasurer**

Date

**2-6-01**

Daytime Phone #

**(941) 349-1322**

CR2E037 (10/00)



The Supporting Fund  
For the  
Guardian Ad Litem Program  
Sarasota • Manatee • Desoto Counties

Attachment  
A022473

N96000000368

Additional Directors Not Listed in Box 10 or Box 11 of Doc. #N96000000368

<sup>D</sup>  
Isabel Logan

462 E. Rubens Drive

Nokomis, FL 34275

Addition

<sup>D</sup>  
Lisa Judge

323 Magellan Drive

Sarasota, FL 34243

Addition

We have a Total of 13 Directors, 5 of whom are  
Currently Serving as Officers.