

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90004 046 ****61.25

DOCUMENT # N96000000368
 1. Entity Name
 THE CHILDREN'S GUARDIAN FUND, INC.



Principal Place of Business Mailing Address
 CHILDREN'S GUARDIAN FUND PO BOX 49722
 2071 RINGLING BLVD STE 625 SARASOTA, FL 34230
 SARASOTA, FL 34237

40032455



DO NOT WRITE IN THIS SPACE

01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0626074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GEORGE, CLAUDIA Proctor, Rebecca
 2750 RINGLING BLVD 1900 Main St # 700
 SUITE 2 SARASOTA FL 34236
 SARASOTA, FL 34237

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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, the registered agent.

SIGNATURE: *Rebecca Proctor* DATE: 2-21-07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARCOOMB, GUGAN Stephen Schlossberg 570 SHERBORN DRIVE 340 Palm Ave South #53 SARASOTA, FL 34232 Sarasota FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RETER, MARJORIE Rebecca Proctor 3347 OLD OAK DR 1900 main St # 700 SARASOTA, FL 34239 Sarasota FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KONDRAT, ALICE 2045 GULF OF MEXICO DRIVE #111 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS GRIFFITH, KAREN 5274 BENJAMIN LANE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GAIL 4946 RUTLAND GATE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GEORGE, CLAUDIA 2750 RINGLING BLVD., SUITE 2 SARASOTA, FL 34237

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Stephen Schlossberg* 1/30/07 9419558322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #