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Feb 27, 1999 8:00 am  
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0080213

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 767217**

1. Corporation Name

**CHILD GUARDIANS, INC.**

Principal Place of Business

1800 ST. MARY'S  
P.O. BOX 3  
PENSACOLA FL 32501

Mailing Address

1800 ST. MARY'S  
P.O. BOX 3  
PENSACOLA FL 32501



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/28/1983

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

9. Name and Address of Current Registered Agent

KOHR, ALAN CPA  
102 SO. JEFFERSON 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLES ☐ DELETE

NAME  
GRAVES, MARY L  
STREET ADDRESS  
202 PALMETTO ROAD  
CITY-ST-ZIP  
GULF BREEZE FL 32561

TC ☒ DELETE

NAME  
MEYER, WALDERMAR  
STREET ADDRESS  
4600 NO 9 AVE  
CITY-ST-ZIP  
PENSACOLA FL 32503

TC ☒ DELETE

NAME  
MEYER, WALDERMAR  
STREET ADDRESS  
4600 NO 9 AVE  
CITY-ST-ZIP  
PENSACOLA FL 32503

TS ☐ DELETE

NAME  
RAMOS, TAMELA  
STREET ADDRESS  
2813 LONGLEY AVE., #215 H  
CITY-ST-ZIP  
PENSACOLA FL 32561

☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME  
Sharon Hess Herrick  
1.3 STREET ADDRESS  
1910 E. Mallory St.  
1.4 CITY-ST-ZIP  
Pensacola, FL 32503

2.1 TITLE ☐ Change ☒ Addition

NAME  
Gay Burrows  
2.3 STREET ADDRESS  
110 Charlotte Circle  
2.4 CITY-ST-ZIP  
Gulf Breeze, FL 32561

3.1 TITLE ☐ Change ☒ Addition

NAME  
JOL LORENZ  
3.3 STREET ADDRESS  
501 Mary Esther Parkway  
3.4 CITY-ST-ZIP  
Ft. Walton Beach, FL 32548

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

NAME  
Jane Meigs  
5.3 STREET ADDRESS  
1315 Bayshore Drive  
5.4 CITY-ST-ZIP  
Niceville, FL 32578

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Sharon Hess Herrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

(850) 477-7050

Date Daytime Phone #

CR2E037 (11/98)