

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767217

1. Entity 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 32591-0003

2. Principal Place of Business

2257 N. Palafox St.

3. Mailing Address

2257 N. Palafox St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola Florida

City & State

Pensacola Florida

Zip

32501

Country

USA

Zip

32501

Country

USA

4. FEI Number

59-2364092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOHR, ALAN CPA
102 SO. JEFFERSON ST
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAVES, MARY L 202 PALMETTO ROAD GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HESS-HERRICK, SHARON 1901 E MADLORY ST PENSACOLA FL 32503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP BURROWS, GAY 110 CHANTECLAIRE CIRCLE GULF BREEZE FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RAMOS, TAMELA 2813 LONGLEY AVE., #215 H PENSACOLA FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEIGS, JANE 1315 BAYSHORE DR NICEVILLE FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV LORENZ, JOE 501 MARY ESTHER PARKWAY FT WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Faye Westholm <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 S. 61st Ave. #8 Pensacola, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rae Williams <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 8 Valparaiso, FL 32580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90068 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

2/28/00 850-477-7050