

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001978

Entity Name: AMERICAN GUARANTY FUND GROUP, INC.**Current Principal Place of Business:**1400 OVEN PARK DRIVE
TALLAHASSEE, FL 32308**Current Mailing Address:**P.O. BOX 15159
TALLAHASSEE, FL 32317 US**FEI Number:** 20-0928712**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEENAN, TIMOTHY J
300 S DUVAL STREET
STE 410
TALLAHASSEE, FL 32301 US*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

Officer/Director Detail :

Title	VC
Name	STAHL, THOMAS W
Address	P.O. BOX 15159
City-State-Zip:	TALLAHASSEE FL 32317
Title	SECRETARY / TREASURER
Name	NEAL, COREY T
Address	P.O. BOX 15159
City-State-Zip:	TALLAHASSEE FL 32317
Title	DIRECTOR
Name	STIEGEL, BRETT
Address	P.O. BOX 15159
City-State-Zip:	TALLAHASSEE FL 32317
Title	DIRECTOR
Name	LUTES, PAULA
Address	P.O. BOX 15159
City-State-Zip:	TALLAHASSEE FL 32317

Title	PRESIDENT
Name	STREUKENS, THOMAS D
Address	P.O. BOX 15159
City-State-Zip:	TALLAHASSEE FL 32317
Title	CHAIRWOMAN
Name	BLACKBURN, KIMBERLY
Address	P.O. BOX 15159
City-State-Zip:	TALLAHASSEE FL 32317
Title	DIRECTOR
Name	CONWAY, DAVID
Address	P.O. BOX 15159
City-State-Zip:	TALLAHASSEE FL 32317
Title	DIRECTOR
Name	MATZ, DON
Address	P.O. BOX 15159
City-State-Zip:	TALLAHASSEE FL 32317

I hereby 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 all other like empowered.

SIGNATURE: COREY NEAL**SECRETARY****02/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date