

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007748

Entity Name: GUILD FAMILY FOUNDATION, INC.**Current Principal Place of Business:**4207 SW HIGH MEADOWS AVE
PALM CITY, FL 34990**Current Mailing Address:**C/O MEDIA FINANCIAL SERVICES
1655 PALM BEACH LAKES BLVD SUITE 903
WEST PALM BEACH, FL 33401 US**FEI Number:** 13-4045657**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCENTEE, DANIEL F
4207 SW HIGH MEADOWS AVE
PALM CITY, FL 34990 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	PD
Name	GUILD, ADAM
Address	1101 WALLACE RIDGE
City-State-Zip:	BEVERLY HILLS CA 90210

Title	STD
Name	GUILD, MARC
Address	50 SAGAMORE RD APT 5A
City-State-Zip:	BRONXVILLE NY 10708

Title	D
Name	GUILD, CALLA
Address	622 N. FLAGLER DRIVE APT 201
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VD
Name	BROWN, LYNN
Address	83 STURGES HWY
City-State-Zip:	WESTPORT CT 06880

Title	C
Name	GUILD, RALPH
Address	622 N. FLAGLER DRIVE APT 201
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	SIEGEL, SHARON
Address	501 WARNER HILL ROAD
City-State-Zip:	SOUTHPORT CT 06490

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: CALLA GUILD

D

04/26/2022

Electronic Signature of Signing Officer/Director Detail_____
Date