FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:17

DOCUMENT # 734046 (6)

1. Corporation Name
THE GUILD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6821 LAKELAND FL 33807-3821	P.O. BOX 6821 LAKELAND FL 33807-3821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1975
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-6177414 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BERRY, CAROL
242 WOOD HALL DR
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81 Name: REGNVALL, JOYCE
82 Street Address (P.O. Box Number is Not Acceptable): 1 LAKE HOLLINGSWORTH DR, #8
83
84 City: LAKELAND FL 85 Zip Code: 33803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joyce Regnvall — JOYCE REGNVALL, PRESIDENT — 04/27/1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/D ☒ Change ☐ Addition
NAME	CUMMING, ISABEL	12 NAME	REGNVALL, JOYCE
STREET ADDRESS	3803 OLD HWY 37, #25	13 STREET ADDRESS	1 LAKE HOLLINGSWORTH DR., #8
CITY-ST-ZIP	LAKELAND FL 33813	14 CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	V	21 TITLE	V/D ☒ Change ☐ Addition
NAME	REGNVALL, JOYCE	22 NAME	KIBLER, MARGARET
STREET ADDRESS	1 LAKE HOLLINGSWORTH DR	23 STREET ADDRESS	822 FAIRLINGTON ST
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	V	31 TITLE	V/D ☒ Change ☐ Addition
NAME	FREBOR, PEG	32 NAME	WORTMAN, MARY
STREET ADDRESS	1112 W BEACON RD #155	33 STREET ADDRESS	5063 WINDOVER LANE
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	T	41 TITLE	T ☒ Change ☐ Addition
NAME	SPROTT, CLYDE	42 NAME	SHROYER, PATRICIA
STREET ADDRESS	4020 CANNON LANE POINT	43 STREET ADDRESS	645 VICTORIA SQUARE LANE
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D	51 TITLE	S ☒ Change ☐ Addition
NAME	BERRY, CAROL	52 NAME	SPROTT, CLYDE
STREET ADDRESS	242 WOOD HALL DRIVE	53 STREET ADDRESS	4020 CANYON LANE POINT
CITY-ST-ZIP	MULBERRY FL 33860	54 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	FEDER, AASE	62 NAME	Same as #12
STREET ADDRESS	1240 ROLLING WOODS LANE	63 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	64 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Patricia R Shroyer — PATRICIA SHROYER, TREASURER — 813-647-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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