

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 734046 (6)**

1. Corporation Name

**THE GUILD, INC.**

Principal Place of Business

P.O. BOX 6821  
LAKELAND FL 33807-3821

Mailing Address

P.O. BOX 6821  
LAKELAND FL 33807-3821



3. Date Incorporated or Qualified  
**10/13/1975**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**REGNVALL, JOYCE  
1 LAKE HOLLINGSWORTH DR 8  
LAKELAND FL 33803**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REGNVALL, JOYCE	
STREET ADDRESS	1 LAKE HOLLINGSWORTH DR 8	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIBLER, MARGARET	
STREET ADDRESS	822 FAIRLINGTON ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WORTMAN, MARY	
STREET ADDRESS	5063 WINDOVER LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHROYER, PATRICIA	
STREET ADDRESS	645 CANYON LANE POINT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPROTT, CLYDE	
STREET ADDRESS	4020 CANYON LANE POINT	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEDER, AASE	
STREET ADDRESS	1240 ROLLING WOODS LANE	
CITY-ST-ZIP	LAKELAND FL 33813	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KIBLER, MARGARET T.	
1.3 STREET ADDRESS	822 FAIRLINGTON ST.	
1.4 CITY-ST-ZIP	LAKELAND, FL 33813	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WORTMAN, MARY	
2.3 STREET ADDRESS	5063 WINDOVER LANE	
2.4 CITY-ST-ZIP	LAKELAND, FL 33813	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	YOUNG, CINDY	
3.3 STREET ADDRESS	1400 GRASSLANDS BLVD. #55	
3.4 CITY-ST-ZIP	LAKELAND, FL 33803	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHROYER, PATRICIA	
4.3 STREET ADDRESS	645 VICTORIA SQUARE LANE	
4.4 CITY-ST-ZIP	LAKELAND, FL 33813	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHROYER, KENNETH E.	
5.3 STREET ADDRESS	645 VICTORIA SQUARE LANE	
5.4 CITY-ST-ZIP	LAKELAND, FL 33813	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FEDER, AASE	
6.3 STREET ADDRESS	1240 ROLLING WOODS LANE	
6.4 CITY-ST-ZIP	LAKELAND, FL 33813	

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)(k), 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 Shroyer*

PATRICIA SHROYER

04-26-96

(941) 647-1890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)