


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 33807-6821		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/13/1975	
				3a. Date of Last Report 05/01/1996	
		4. FEI Number 59-6177414		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 PATRICIA SHROYER 82 Street Address (P.O. Box Number is Not Acceptable) 645 VICTORIA SQUARE LANE 83 84 City LAKELAND FL 85 Zip Code 33813		
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 <i>Patricia Shroyer</i> Signature typed or printed name of registered agent and <input type="checkbox"/> if applicable.		PATRICIA SHROYER, TREASURER (NOTE: Registered Agent signature required when reinstating)		04/28/97 DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIBLER, MARGARET T		1.2 NAME	MARY WORTMAN	
STREET ADDRESS	822 FAIRLINGTON ST.		1.3 STREET ADDRESS	5063 WINDOVER LANE	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTMAN, MARY		2.2 NAME	MAGGIE KIBLER	
STREET ADDRESS	5063 WINDOVER LANE		2.3 STREET ADDRESS	822 FAIRLINGTON ST.	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, CINDY		3.2 NAME		
STREET ADDRESS	1400 GRASSLANDS BLVD. #55		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHROYER, PATRICIA		4.2 NAME		
STREET ADDRESS	645 VICTORIA SQUARE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHROYER, KENNETH E		5.2 NAME		
STREET ADDRESS	645 VICTORIA SQUARE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDER, AASE		6.2 NAME	JEAN CAMPISI	
STREET ADDRESS	1240 ROLLING WOODS LANE		6.3 STREET ADDRESS	5335 WOODHAVEN LANE	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	LAKELAND, FL 33813	
14. I do 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 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: <i>Patricia Shroyer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PATRICIA SHROYER Date		04/28/97 Daytime Phone # 941-647-1890	

CR2E037 (9/96)