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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



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

3. Date Incorporated or Qualified

10/13/1975

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHROYER, PATRICIA
645 VICTORIA SQUARE LANE
LAKELAND FL 33813**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WORTMAN, MARY	1.2 NAME	
STREET ADDRESS	8083 WINDOVER LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	KIBLER, MAGGIE	2.2 NAME	
STREET ADDRESS	822 FAIRLINGTON ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
NAME	CAMPISIS, JEAN	6.2 NAME	
STREET ADDRESS	5335 WOODHAVEN LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	6.4 CITY - ST - ZIP	

14. I 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:

Patricia Shroyer **PATRICIA SHROYER** 5/16/98 941-647-1890

CP2E037 (10/97)