

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734046

Entity Name: THE GUILD, INC.

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

1037 S.FLORIDA AVE, #125
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2623
LAKELAND, FL 33806 US

New Mailing Address:

FEI Number: 59-6177414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, MARILYN J
1037 S.FLORIDA AVE, #125
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WORTMAN, MARY
Address: 1037 S.FLORIDA AVE, #125
City-St-Zip: LAKELAND, FL 33803 US

Title: SD () Delete
Name: TOMKOW, MARCIA
Address: 1037 S.FLORIDA AVE, #125
City-St-Zip: LAKELAND, FL 33803 US

Title: VD () Delete
Name: GRIMES, JANE
Address: 1037 S.FLORIDA AVE, #125
City-St-Zip: LAKELAND, FL 33803 US

Title: VD () Delete
Name: MANN, JOYCE
Address: 1037 S.FLORIDA AVE, #125
City-St-Zip: LAKELAND, FL 33803 US

Title: PD () Delete
Name: POWELL, MARILYN J
Address: 1037 S.FLORIDA AVE, #125
City-St-Zip: LAKELAND, FL 33803 US

Title: SD () Delete
Name: MORAN, MARY A
Address: 1037 S.FLORIDA AVE, #125
City-St-Zip: LAKELAND, FL 33803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELAINE GLEASON

TREA

04/22/2004

Electronic Signature of Signing Officer or Director

Date