


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90075 046 ****61.25

DOCUMENT # 753784 1. Entity Name SUN CITY CENTER GUARDIANSHIP FOUNDATION, INC.					
Principal Place of Business 902 RIVER RAPIDS AVE. BRANDON, FL 33511 US			Mailing Address PO BOX 5770 SUN CITY CENTER, FL 33571-5770 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01182004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2032844	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTIN, GEORGE D 902 RIVER RAPIDS AVE. BRANDON, FL 33511				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, GEORGE D			NAME	
STREET ADDRESS	902 RIVER RAPIDS AVE.			STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511			CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINZIE, DONALD F			NAME	
STREET ADDRESS	320 STONEHAM DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILK, CHARLES T			NAME	
STREET ADDRESS	505-B FOXGLOVE CIR.			STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, ROBERT P			NAME	
STREET ADDRESS	2202 HOLKHAM PLACE			STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP	
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDEL, SANDRA B			NAME	
STREET ADDRESS	211 STONEHAM DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, BETTY L			NAME	
STREET ADDRESS	604 DEEP LAKE LANE			STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>George D. Martin</u>		SIGNATURE: <u>George D. Martin</u>		Date: <u>1-27-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>813-654-5957</u>	