

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90225 010 ****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

50020146



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2032844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MARTIN, GEORGE D	
STREET ADDRESS	902 RIVER RAPIDS AVE.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KINZIE, DONALD F	
STREET ADDRESS	320 STONEHAM DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SILK, CHARLES T	
STREET ADDRESS	505-B FOXGLOVE CIR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MATTHEWS, ROBERT P	
STREET ADDRESS	2202 HOLKHAM PLACE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DYE, BETTY L	
STREET ADDRESS	604 DEEP LAKE LANE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1132 EMERALD DUNES
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

George D. Martin George D. Martin

2-21-05

813-654-5757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #