

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # 753784

1. Entity Name
SUN CITY CENTER GUARDIANSHIP FOUNDATION, INC.



Principal Place of Business
**304 THORN HILL PLACE
SUN CITY CENTER, FL 33573 US**

Mailing Address
**PO BOX 5770
SUN CITY CENTER, FL 33571-5770 US**



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**MARTIN, GEORGE D
902 RIVER RAPIDS AVE.
BRANDON, FL 33511**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WOELFEL, CHARLES G
STREET ADDRESS	304 THORN HILL PLACE
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	DVP
NAME	KINZIE, DONALD F
STREET ADDRESS	320 STONEHAM DRIVE
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	DVP
NAME	SILK, CHARLES T
STREET ADDRESS	505-B FOXGLOVE CIR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	DT
NAME	MARTIN, GEORGE D
STREET ADDRESS	902 RIVER RAPIDS AVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	DS
NAME	GAUTHIER, KATHY
STREET ADDRESS	711 SAHARA DR
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000699288
04/19/07-80036-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Treasurer George D Martin 4-9-07 813-654-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #