


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 753784</b> 1. Entity Name <b>SUN CITY CENTER GUARDIANSHIP FOUNDATION, INC.</b>	
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Principal Place of Business <b>304 THORN HILL PLACE SUN CITY CENTER, FL 33573 US</b>	Mailing Address <b>PO BOX 5770 SUN CITY CENTER, FL 33571-5770 US</b>
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**DO NOT WRITE IN THIS SPACE**



02092008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2032844</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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04/14/08-80068-005 61.25

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, TREAS. George D Martin 3-28-08 813-654-5757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #