

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90206 048 ****61.25

DOCUMENT # 767217

1. Entity Name
CHILD GUARDIANS, INC.



Principal Place of Business
**2257 N PALAFOX ST
PENSACOLA, FL 32501**

Mailing Address
**PO BOX 9526
PENSACOLA, FL 32513**

60001027



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1800 W. SAINT MARY AVE.
Suite, Apt. #, etc.
GUARDIAN AD LITEM PROGRAM

01122007 Chg-NP CR2E037 (12/06)

City & State
PENSACOLA FL

City & State

4. FEI Number
59-2364092

Applied For
Not Applicable

Zip
32501

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCGILL, GERALD
202 W JACKSON STREET
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name
EDWARD G. MARSCIT
Street Address (P.O. Box Number is Not Acceptable)
3515 SILVERTREE LN.
City
PENSACOLA FL Zip Code
32504

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BERNAU, LISA ☒ Delete
**190 GOVERNMENT CENTER R19 23001
PENSACOLA, FL 32501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PRADDEN, PHILOMENA ☒ Delete
**1941 EAST LLOYD STREET
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MARSCIT, EDWARD ☐ Delete
**3515 SILVERTREE LANE
PENSACOLA, FL 32504**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HARRELL, SUSAN ☒ Delete
**11000 UNIVERSITY PKWY BLDG 85/ RM 159
PENSACOLA, FL 32514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CS
PLYE, CHERYL ☒ Delete
**10261 Tanager Circle
PENSACOLA, FL 32507**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MADDEN, PHILOMENA ☒ Change ☐ Addition
**1941 EAST LLOYD ST.
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
EDWALL, IDA FOYE ☒ Change ☐ Addition
**5240 CAVALIER DR.
CRESTVIEW, FL 32539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SILVERTREE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BAROCO, ANGELA ☒ Change ☐ Addition
**1804 E. LLOYD ST.
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CS
CORRAN, AMY ☒ Change ☐ Addition
**22 MOUNTAIN ABBEY
PENSACOLA, FL 32506**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07
Date

850 434 9425
Daytime Phone #