

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767217

FILED
Apr 06, 2009
Secretary of State

Entity Name: CHILD GUARDIANS, INC.

Current Principal Place of Business:

1800 W ST MARY AVE
GUARDIAN AD LITEM PROGRAM
PENSACOLA, FL 32501

New Principal Place of Business:

1800 W ST MARY AVE
BOX 3
PENSACOLA, FL 32501

Current Mailing Address:

PO BOX 9526
PENSACOLA, FL 32513

New Mailing Address:

FEI Number: 59-2364092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSCH, EDWARD
3515 SILVERTREE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

HENDRICKS, JAMES W T
1608 COLWYN DRIVE
CANTONMENT, FL 32533 US

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.

SIGNATURE: JAMES W. HENDRICKS

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MADDEN, PHILOMENA
Address: 1901 EAST LLOYD ST
City-St-Zip: PENSACOLA, FL 32503

Title: V () Delete
Name: WALLACE, ANDREA
Address: 1110 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32501

Title: T () Delete
Name: MARSCH, EDWARD
Address: 3515 SILVERTREE LN
City-St-Zip: PENSACOLA, FL 32504

Title: S () Delete
Name: FORD, JEANNE
Address: 6829 AVENIDE DE GALVEZ
City-St-Zip: NAVARRE, FL 32566

Title: CS () Delete
Name: STUART, BECKY
Address: 2 CALLE HERMOSA
City-St-Zip: PENSACOLA BCH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SCHLENKER, VICKY
Address: PO BOX 9526
City-St-Zip: PENSACOLA, FL 32513

Title: P (X) Change () Addition
Name: WALLACE, ANDREA
Address: 1110 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32501

Title: T (X) Change () Addition
Name: HENDRICKS, JAMES
Address: 1608 COLWYN DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: VP (X) Change () Addition
Name: FORD, JEANNE
Address: 6829 AVENIDE DE GALVEZ
City-St-Zip: NAVARRE, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W HENDRICKS

T

04/06/2009

Electronic Signature of Signing Officer or Director

Date