


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000007748 1. Entity Name GUILD FAMILY FOUNDATION, INC.	
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Principal Place of Business 2090 PALM BEACH LAKES BLVD STE 300 WEST PALM BEACH, FL 33409	Mailing Address 2090 PALM BEACH LAKES BLVD STE 300 WEST PALM BEACH, FL 33409
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01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4045657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCENTEE, WILLIAM J JR
2090 PALM BEACH LAKES BLVD STE 300
WEST PALM BEACH, FL 33409

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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, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUILD, ADAM 1637 N ORANGE GROVE AVE LOS ANGELES, CA 90046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, LYNN 83 STURGES HWY WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUILD, MARC 107 WHITE PLAINS ROAD BRONXVILLE, NY 10708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GUILD, RALPH 10 SOUTH LAKE TRAIL PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILD, CALLA 10 SOUTH LAKE TRAIL PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, SHARON 916 WINALL DOWN RD ATLANTA, GA 30319

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02/14/08-80033-015 61.25

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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:  2/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #