

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007748

FILED
Jan 15, 2009
Secretary of State

Entity Name: GUILD FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2090 PALM BEACH LAKES BLVD STE 300
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2090 PALM BEACH LAKES BLVD STE 300
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 13-4045657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUILD, ADAM
Address: 1637 N ORANGE GROVE AVE
City-St-Zip: LOS ANGELES, CA 90046

Title: VD () Delete
Name: BROWN, LYNN
Address: 83 STURGES HWY
City-St-Zip: WESTPORT, CT 06880

Title: STD () Delete
Name: GUILD, MARC
Address: 107 WHITE PLAINS ROAD
City-St-Zip: BRONXVILLE, NY 10708

Title: C () Delete
Name: GUILD, RALPH
Address: 10 SOUTH LAKE TRAIL
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: GUILD, CALLA
Address: 10 SOUTH LAKE TRAIL
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: SIEGEL, SHARON
Address: 916 WINALL DOWN RD
City-St-Zip: ATLANTA, GA 30319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: WILLIAM J. MCENTEE JR

AGEN

01/15/2009

Electronic Signature of Signing Officer or Director

Date