FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90156 018 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10065083

DOCUMENT # N00000004485

1. Entity Name
THE CENTER FOR GUARDIAN SERVICES, INC.

Principal Place of Business	Mailing Address
5532 AULD LANE HOLIDAY, FL 34690-2203	5532 AULD LANE HOLIDAY, FL 34690-2203

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7027 U.S. Hwy. 19 Suite, Apt. #, etc.	7027 U.S. Hwy. 19 Suite, Apt. #, etc.
City & State: New Port Richey FL	City & State: New Port Richey FL
Zip: 34652 Country: Pasco	Zip: 34652 Country: Pasco

4. FEI Number: 65-1078977 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR
6545 RIDGE ROAD
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW: FEE IS $61.25

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	D GONZALEZ, ANNE ~~5532 AULD LANE~~ ~~HOLIDAY, FL 34690~~	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TROY, GORDON 6826 CORKWOOD CT HOLIDAY, FL 34690	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GINTER, CHARLES ~~5532 AULD LANE~~ ~~HOLIDAY, FL 34690~~	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7027 U.S. Hwy. 19 New Port Richey, FL 34652	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7027 U.S. Hwy. 19 New Port Richey, FL 34652	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

(Attach additional sheets if necessary)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles Ginter Charles Ginter 3-10-03 (727)816-1515
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR MANAGER OR DIRECTOR — Date — Daytime Phone #