

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005242

FILED
May 11, 2007
Secretary of State

Entity Name: AMTGARD FLORIDA INC.

Current Principal Place of Business:

PO BOX 90052
GAINESVILLE, FL 326070052

New Principal Place of Business:

640 NW 36TH DRIVE
GAINESVILLE, FL 32607 US

Current Mailing Address:

PO BOX 90052
GAINESVILLE, FL 326070052 US

New Mailing Address:

640 NW 36TH DRIVE
GAINESVILLE, FL 32607 US

FEI Number: 65-1127568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUERTIN, BARRY D
640 NW 36TH DRIVE
GAINESVILLE, FL 32607 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: D () Delete
Name: ROBIN, KEIRNAN
Address: 5414 B NW 20TH DT.
City-St-Zip: GAINESVILLE, FL 32653 US

Title: D () Delete
Name: THOMAS, CROWLEY E
Address: 10821 OAK GLEN CIR
City-St-Zip: ORLANDO, FL 32817 US

Title: D (X) Delete
Name: MCLEOD, BRENDAN
Address: 2021 E CONCORD ST
City-St-Zip: ORLANDO, FL 32083 US

Title: D (X) Delete
Name: CHRISTINE, COLTER
Address: 207 KNOWLES RD
City-St-Zip: RAY CITY, GA 31645 US

Title: D (X) Delete
Name: PROVO, VENUS
Address: RT 1 BOX 143
City-St-Zip: LAKELAND, GA 31635

Title: D (X) Delete
Name: GERALD, STROHACKER
Address: 1325 SOUTH N STREET
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROBIN, KEIRNAN
Address: 5414 B NW 20TH CT.
City-St-Zip: GAINESVILLE, FL 32653 US

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

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
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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: ROBIN KEIRNAN

D

05/11/2007

Electronic Signature of Signing Officer or Director

Date