

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003659

FILED
Apr 15, 2009
Secretary of State

Entity Name: GUARDIAN ANGELS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

17 S ORLANDO AVENUE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

17 S ORLANDO AVENUE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 56-2351118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGRUDER, C. MICHAEL
203 S. CLYDE AVENUE
KISSIMMEE, FL 34741 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: FOUST, KATHLEEN M
Address: 1083 E. LAKE SHORE BLVD.
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: CARLSON, BARBARA S
Address: 4275 FORT COURAGE CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

Title: TD () Delete
Name: JASMIN, TYRA B
Address: 4455 CANOE CREEK ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: D () Delete
Name: JASMIN, JOHN
Address: 4455 CANOE CREEK RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: D () Delete
Name: DAVIDSON, JOAN
Address: 2350 VIRGINIA DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: FOUST, MICHAEL
Address: 1083 E. LAKESHORE BLVD
City-St-Zip: KISSIMMEE, FL 34744

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
Name:
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: TYRA B JASMIN

TD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date