2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State
03-02-2005 90073 003 ****61.25

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1. Entity Name
FLORIDA GUARDIAN AD LITEM ASSOCIATION INC.

Principal Place of Business	Mailing Address
7714 GLENVIEW DRIVE GLEN ST. MARY, FL 32040	P.O. BOX 973 GLEN ST. MARY, FL 32040

02282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ~~APPLIED FOR~~ 45-0501348 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHIFINO, WILLIAM J JR. 201 N. FRANKLIN STREET, ONE TAMPA CITY CENTER, SUITE 2600 TAMPA, FL 33602	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERLIN, LOUIS 19651 NE 19TH PLACE MIAMI, FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Marilyn Mclean 425 SW 80th Terrace Gainesville, FL 32607-1452	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EGOZI, KAREN B 5835 SW 28TH ST MIAMI, FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Geoff Monge 551 Ridge Road Monticello, FL 32344	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATE, DOROTHY 318 GLYNLEA RD JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Molly Langer 1002 E. Palm Ave., Ste 100 Tampa, FL 33602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIERSE, PATRICIA 2108 FIRST ST NEPTUNE BEACH, FL 32266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Kari Mannelli 1911 Iowa Ave. NE. St. Petersburg, FL 33703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDING, MAJOR 707 NORTH RIDE TALLAHASSEE, FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGAULEY, MARGARET 7714 GLENVIEW DR GLEN SAINT MARY, FL 32040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Kari Mannelli. 2/28/05 727-525 4563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kari Mannelli