2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90097 046 ****61.25

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1. Entity Name
FLORIDA GUARDIAN AD LITEM ASSOCIATION INC.

400033073

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

03062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
600 S Calhoun Street	P.O. Box 10688
Suite, Apt. #, etc.: Suite 259	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32302 Country: US	Zip: 32302 Country: US

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

Filing Fee is $61.25
Due by May 1, 2007

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. Chairman ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCLEAN, MARILYN 425 SW 88TH TERRACE GAINESVILLE, FL 326071452	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Charles Fletcher 101 East Kennedy Blvd, Suite 3400 Tampa, FL 33601
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BUTCHER, MOLLY 1106 W HORATIO ST TAMPA, FL 33606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ED Dave Wallace P.O. Box 10688 Tallahassee, FL 32302
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAINELLI, KARI 1911 IOWA AVE, NE SAINT PETERSBURG, FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MCGAULEY, MARGARET 7714 GLENVIEW DR GLEN SAINT MARY, FL 32040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KRAWCZYN, JOREY 194 OLEANDER CIR PANAMA CITY BEACH, FL 32413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemptions contained 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 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 Mainelli 3/9/07 727.525-4563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #