2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N02000009034

Entity Name: FLORIDA GUARDIAN AD LITEM FOUNDATION, INC.

Current Principal Place of Business:

600 S CALHOUN ST
STE 259
TALLAHASSEE, FL 32302

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10688
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 45-0501348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORKIN, ANGELA
600 S CALHOUN ST
STE 259
TALLAHASSEE, FL 32302 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: P ( ) Delete
Name: EATON, KAREN
Address: 8419 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 30309

Title: T ( ) Delete
Name: MAINELLI, KARI
Address: 1911 IOWA AVE, NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: ED ( ) Delete
Name: MCGAULEY, MARGARET
Address: 7714 GLENVIEW DR
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: VC ( ) Delete
Name: KRAWCZYN, JOREY
Address: 194 OLEANDER CIR
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: WEAVER, SHARA
Address: P.O BOX 236
City-St-Zip: SANIBEL, FL 33957

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: KAREN EATON P 04/27/2009

Electronic Signature of Signing Officer or Director — Date