


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90049 038 ****61.25

DOCUMENT # N02606
 1. Entity Name
FLORIDA STATE GUARDIANSHIP ASSOCIATION, INC.



Principal Place of Business Mailing Address
2810-C INDUSTRIAL PLAZA TALLAHASSEE FL 32301 US
PO BOX 13978 TALLAHASSEE FL 32317 US

2. Principal Place of Business - No P.O. Box #
4901 Petra Court
 Suite, Apt. #, etc.


3. Mailing Address
PO Box 677579
 Suite, Apt. #, etc.

City & State
Winter Springs, FL

City & State
Orlando, FL

Zip Country
32208 US

Zip Country
32867-7579 US



1st MOORE CR2E037 (10/06)

4. FEI Number **59-2486569** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CABRERA, SUSAN
3355 THOMAS BUTLER RD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
 Name **Karen Campbell**
 Street Address (P.O. Box Number is Not Acceptable) **1742 Hillgate Court**
 City **Tallahassee** FL Zip Code **32308**

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 **Karen P. Campbell** DATE **3-27-07**

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

FILE NOW: 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAMPBELL, KAREN 2292 WEDNESDAY STREET, STE. 1 TALLAHASSEE FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GETTY, JETTA 5230 ORANGE AVENUE PORT ORANGE FL 32129 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	IPP NELSON-HOOK, JOAN N 4918 FLORAMAR TERRACE NEW PORT RICHEY FL 34652 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REISER, BARBARA 1607 PONCE DE LEON CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED CABRERA, SUSAN PO BOX 13978 TALLAHASSEE FL 32317 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	IPP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	see continuation <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Karen P. Campbell** DATE **3/27/07** (850) 487-4609 x103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #