2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2005 8:00 am Secretary of State

03-22-2005 90012 041 ****61 24

DOCUMENT # N0300001717 1. Entity Name FLORIDA GUARDIANSHIP FOUNDATION, INC.						03-22-2005 9	90012 041 *	***61.2	25
Principal Place of Business 46 N. WASHINGTON, SUITE 21 SARASOTA, FL 34236		Mailing Address 46 N. WASHINGTON, SUITE 21 SARASOTA, FL 34236					50	0301	060
2. Principal Pl	lace of Business	3. Mailing Address	· <u></u>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03022005	Chg-NP	CR2E037 (10/03)	
City & State		City & State			4. FEI Number 65-0575				lied For Applicable
Zip Country		Zip		ntry	5. Certificate o	f Status Desired		.75 Addit Required	
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New I	Registered Age	nt	
	DWIN SHINGTON, SUITE 21 A, FL 34236			Name Street Address	(P.O. Box Number	is Not Acceptab	e)		
	,			City			FL	Zip Code	
0 Th. ob.	named entity submits this statement for	45		1 11		:- # - Ol-4- 4 F		P	
SIGNATURE .	ions of registered agent.								
	Signature, typed or printed name of registered agent ar	<u> </u>		Agent signature require	d when reinstating)		DATE		
	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cal Trust Fund (mpaign Fi	nancing	\$5.00 May Be Added to Fees		DATE Make check partine		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Car Trust Fund (mpaign Fi	nancing	\$5.00 May Be Added to Fees	Flo	Make check pa rida Departme ERS AND DIREC	TORS IN	10
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3,14.05

Daytime Phone #