

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011396

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** LMA GUARDIANSHIP AND CHARITABLE SERVICES, INC.

**Current Principal Place of Business:**

830 A1A NORTH SUITE 13 #262  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

830 A1A NORTH SUITE 13 #262  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 27-4277256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAYFIELD, HEATHER  
830 A1A NORTH SUITE 13 #262  
PONTE VEDRA BEACH, FL 32082 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:** PD  
**Name:** BAYFIELD, HEATHER  
**Address:** 830 A1A NORTH SUITE 13 #262  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** S  
**Name:** HAUPT, SUE  
**Address:** 830 A1A NORTH SUITE 13 #262  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** TD  
**Name:** D'ESTERHAZEY, KRISTINE  
**Address:** 1890 S 14TH ST SUITE 200  
**City-St-Zip:** AMELIA ISLAND, FL 32034

**Title:** D  
**Name:** ROSS, MARK  
**Address:** 1890 S 14TH ST SUITE 200  
**City-St-Zip:** AMELIA ISLAND, FL 32034

I hereby 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 all other like empowered.

**SIGNATURE:** HEATHER BAYFIELD

PRES

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date