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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N16713

(2)

GUARDIAN AD LITEM GUILD, INC.

Principal Place of Business Mailing Address P.O. BOX 2694 P.O. BOX 2694							
TAMPA FL 338		TAMPA FL 33601					
					3. Date Incorporated or Qualified 09/09/1986	3a. Date of Las 01/31/	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-2737702		Applied For
1		26 Cuita Ant # ata			352131102	CO 7	Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc			5. Certificate of Status Desired	1 1 7	5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Ζιρ	Country	Zip	Country		8. This corporation has liability for in		
	25	29	30		Florida Statutes] Yes □ No	
	9. Name and Address of Current	Registered Agent	01		10. Name and Address of New Re	egistered Agent	
	41.050		81 1	Manne Fern	andez. Rick		
PARISIAN, ALBERT			82 S	82 Street Address (P.O. Box Number is Not Acceptable)			
	anklin street		83	C / O	Shackelford & Fa	arrior	
SUITE 18	= =			501 E.	Kennedy Blvd. S	Ste. 1400)
TAMPA F	L 33602		84 C	Dity			Zip Code
11 Purcuant t	the provisions of Sections 617,0502 a	and 617 1508. Florida Statu	tes the above-nam	Tampa ned corporation	on submits this statement for the puri	pose of changing its	registered office
or register	ed agent, or both in the State of Florida h, and accept the obligations of Section	a. Such enange was author	zed by the corpora	ation's board	of directors. I hereby accept the appo	intment as registere	d agent. I am
familiar wit	h, and accept the obligations of Section	on 677 0603, Florida Statute	·S.			2/2/01	
	1/2000 11 11 11 11					110 17W	
SIGNATURE	ignature, typed or printed name of registered agos t a	nd the Happinghie (N	OTL Registered Agent sig	gnaturo required wi	hen reinstalingt	DATE	
	griature, typed or prifted name of registered algoritation. OFFICERS AND		OTL Registered Agent sig	gnaturo required wi	ren reinstatingt ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
12.	OFFICERS AND			gnaturo required wi	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
12.	OFFICERS AND TO JOHNSON, HAL	DIRECTORS	13.	V/D	ADDITIONS/CHANGES TO OFFI		
12.	OFFICERS AND TD JOHNSON, HAL 4505 FERNCROFT CIR	DIRECTORS	13. 1.1 Tile	V/D Joh	additions/changes to officence. Inson, Janie	Change	XX Addition
12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP	OFFICERS AND TD JOHNSON, HAL 4505 FERNCROFT CIR TAMPA FL 33629	DIRECTORS X[X]DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADD 1.4 CITY-ST-Z	V/D Joh DRESS 810 Tam	additions/changes to officence of the control of th	Change . Apt. 50	XXAddition
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Daytime Phone #