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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N16713 (2)

1. Corporation Name
GUARDIAN AD LITEM GUILD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2694 TAMPA FL 33601	P.O. BOX 2694 TAMPA FL 33601-2694

3. Date Incorporated or Qualified: 09/09/1986
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2737702 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FERNANDEZ, RICK
% SHACKELFORD & FARRIOR
501 EAST KENNEDY BLVD, SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Duteau, Jolynn
82 Street Address (P.O. Box Number is Not Acceptable): c/o First Financial Companies
83: 337 South Plant Avenue
84 City: Tampa FL 85 Zip Code: 33606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jolynn Duteau — Jolynn Duteau, President — 2-6-97
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JANIE		1.2 NAME	
STREET ADDRESS	8102 NORTH SHELDON ROAD, APT. 507		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GULLO, KATHRYN		2.2 NAME	
STREET ADDRESS	10909 JUNIPERUS PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, RICK		3.2 NAME	
STREET ADDRESS	501 E. KENNEDY BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	P,T,S,D ☒ Change ☐ Addition
NAME	DUTEAU, JOLYNN		4.2 NAME	
STREET ADDRESS	337 SOUTH PLANT AVENUE		4.3 STREET ADDRESS	Duteau, Jolynn 337 South Plant Avenue
CITY-ST-ZIP	TAMPA FL 33606		4.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	PD	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, RICK		5.2 NAME	
STREET ADDRESS	501 EAST KENNEDY BLVD, SUITE 1400		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	Johnson, Hal 102 W. Whiting St #600
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa, FL 33602

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jolynn Duteau — 2-6-97 — 813-253-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046834

RECEIVED