2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N29971

Entity Name: THE GUARDIAN FOUNDATION, INC.

Current Principal Place of Business:

105 SE 1ST AVE
SUITE 7
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24102
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 59-2931440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, JOHN P
622 SW 23RD PLACE
GAINESVILLE, FL 32601 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: PRES ( ) Delete
Name: WOMACK, EVELYN
Address: P.O. BOX 24102
City-St-Zip: GAINESVILLE, FL 32602

Title: TREA ( ) Delete
Name: KRIEDER, DAVID
Address: P.O.BOX 24102
City-St-Zip: GAINESVILLE, FL 32602

Title: VPD ( ) Delete
Name: MALONEY, BARBARA
Address: P.O. BOX 24102
City-St-Zip: GAINESVILLE, FL 32602

Title: SD ( ) Delete
Name: REMER, DAVE
Address: P.O. BOX 24102
City-St-Zip: GAINESVILLE, FL 32602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVE REMER SD 05/01/2008
Electronic Signature of Signing Officer or Director — Date