2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2008 8:00 am Secretary of State DOCUMENT # N43819 03-06-2008 90037 010 ****61.25 LIFE CYCLES GUARDIANSHIP FOUNDATION, INC. Principal Place of Business Mailing Address 8910 N. DALE MABRY HWY 8910 N. DALE MABRY HWY SUITE 23 SUITÉ 23 TAMPA FL 33614 TAMPA FL 33614 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 59-3070763 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUTTLE, JOANNE W EX. DIR Street Address (P.O. Box Number is Not Acceptable) 8910 N. DALE MABRY HWY 23 TAMPA FL 33614 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Argent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May, Be Due By May 1, 2008 \Box . · FTrust Fund Contribution, Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Addition ☐ Delete TREMPER, MARIA C NAME NAME 4636 GLENSIDE CIR STREET ADDRESS STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition CRAFT, JOANNE T RN NAME NAME 2251 UNION STREET 1168 Creekside Orive STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 City-St-7IP CITY-ST-ZIP LEROY. H. Merkle, Jr, Esq. TITLE Ly Delete TITLE GEORGE, JOSEPH P ESQUIRE NAME NAME 1207 N. FRAUKLIN, STE 202 DADELAND TOWERS, PH4, 9400 S DADELAND BLVD STREET ADDRESS STREET ADDRESS 33602 MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP Delate TITLE **Change** ☐ Addition CRAFT, JEROME W M.D. NAME MAME 1198 CREEKSIDE DRIVE STREET ADDRESS STREET ADDRESS WELLINGTON FL 33411 CITY-ST-ZIP CITY-ST-7-P TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: DOA Mye Wallace

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