

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45592

FILED
Mar 16, 2011
Secretary of State

Entity Name: SOUTH FLORIDA GUARDIANSHIP PROGRAM, INC.

Current Principal Place of Business:

6561 SUNSET STRIP
SUITE 102
SUNRISE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

6561 SUNSET STRIP
SUITE 102
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 65-0306024 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILLIPS, LARRY W
6561 SUNSET STRIP
SUITE 102
SUNRISE, FL 33313 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: PHILLIPS, KATHLEEN PRES
Address: 6561 SUNSET STRIP SUITE 102
City-St-Zip: SUNRISE, FL 33313

Title: STD
Name: PHILLIPS, LARRY VICE PR
Address: 6561 SUNSET STRIP SUITE 102
City-St-Zip: SUNRISE, FL 33313

Title: DIRE
Name: RAMOS, MARGUERITE DIRE
Address: 6561 SUNSET STRIP SUITE 102
City-St-Zip: SUNRISE, FL 33313

Title: DIRE
Name: COHN, ALAN B DIRE
Address: 100 W CYPRESS CREEK ROAD #700
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: DIRE
Name: CLARKE, REGINA DIRE
Address: 6561 SUNSET STRIP SUITE 102
City-St-Zip: FORT LAUDERDALE, FL 33313

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: KATHLEEN PHILLIPS

PRES

03/16/2011

Electronic Signature of Signing Officer or Director

Date