FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46870** **(4)**

1. Corporation Name
GUARDIAN AD LITEM ADVISORY BOARD OF CHARLOTTE CO UNTY, INC.

Principal Place of Business	Mailing Address
118 WEST OLYMPIA STREET PUNTA GORDA FL 33950	118 WEST OLYMPIA STREET PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0303120 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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):

9. Name and Address of Current Registered Agent

FINKS, JEAN M.
131 TAYLOR ST.
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE JEAN FINKS — MARCH 6, 1995
Signature, typed or printed 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	~~SD~~	1.1 TITLE	☒ Change ☐ Addition S/D
NAME	~~FINKS, JEAN~~	1.2 NAME	BRENNAN, CELINDA
STREET ADDRESS	~~131 TAYLOR ST.~~	1.3 STREET ADDRESS	15550-176 BURNT STORE RD.
CITY-ST-ZIP	~~PUNTA GORDA FL~~	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	PS	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHUBAUER, LOIS	2.2 NAME	
STREET ADDRESS	21199 GAYLORD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	~~TD~~	3.1 TITLE	☒ Change ☐ Addition T/D
NAME	~~LORAH, MARY GRACE~~	3.2 NAME	BRENNAN CELINDA
STREET ADDRESS	~~3865 BORDEAUX DRIVE~~	3.3 STREET ADDRESS	15550-176 BURNT STORE RD.
CITY-ST-ZIP	~~PUNTA GORDA FL~~	3.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33955
TITLE	~~VD~~	4.1 TITLE	☐ Change ☒ Addition V/D
NAME	~~MOODY, SHERRIE~~	4.2 NAME	JEAN FINKS
STREET ADDRESS	~~1200 PRESQUE ISLE DRIVE~~	4.3 STREET ADDRESS	131TAYLOR ST.
CITY-ST-ZIP	~~PORT CHARLOTTE FL~~	4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Celinda Brennan — CELINDA BRENNAN — 3/7/95 — 813-637-0576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017849