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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N47331** **(6)**

1. Corporation Name

SEVENTH JUDICIAL CIRCUIT GUARDIAN AD LITEM ADVISORY BOARD, INC.

Principal Place of Business	Mailing Address
101 2ND STREET, SUITE 8 HOLLY HILL FL 32117	101 2ND STREET, SUITE 8 HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1992
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-3154058 ☐ 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 ☒ $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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CINO, CHARLES J
101 SECOND ST.
SUITE 8
HOLLY HILL FL 32117

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	PD ☒ Change ☐ Addition
NAME	~~ANDERSON, LYNN~~	12 NAME	William Bishop
STREET ADDRESS	~~1190 HERBERT ST. #40~~	13 STREET ADDRESS	533 N. Nova Rd. St. 115
CITY-ST-ZIP	~~PT. ORANGE FL 32119~~	14 CITY-ST-ZIP	Ormond Beach, Fl. 32174
TITLE	~~AD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~SCHAEFFER, DON~~	22 NAME	
STREET ADDRESS	~~8 OAK DR.~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~DELAND FL 32724~~	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BURCHARDT, DUKE	32 NAME	
STREET ADDRESS	7 GRANDVIEW RD.	33 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	O'CONNELL, VIRGINIA	42 NAME	
STREET ADDRESS	5443 SECOND ST.	43 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	CLARK, THERESA	52 NAME	
STREET ADDRESS	40 BLUEBIRD LN	53 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: William P. Bishop, Pres 4-24-95 904-239-6437
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003412