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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001308 (5)**

1. Corporation Name

GUARDIANS OF THE PLANET, INC.



Principal Place of Business 9473 141ST LN LIVE OAK FL 32060 US	Mailing Address 9473 141ST LN LIVE OAK FL 32060-6360 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/16/1994	3a. Date of Last Report 04/29/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3172478	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MELENDEZ, ANGEL RT 6 BOX 668 LIVE OAK FL 32060	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MELENDEZ, ANGEL		1.2 NAME	
STREET ADDRESS 9473 141 ST LN		1.3 STREET ADDRESS	
CITY-ST-ZIP LIVE OAK FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PHILMAN, EMORY		2.2 NAME	
STREET ADDRESS RT 2 BOX 2900		2.3 STREET ADDRESS	
CITY-ST-ZIP BELL FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STEPHENS, RENDI		3.2 NAME	
STREET ADDRESS 9473 141ST LN		3.3 STREET ADDRESS	
CITY-ST-ZIP LIVE OAK FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)