

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90050 037 \*\*\*\*61.25

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1. Corporation Name

THE CHILDREN'S GUARDIAN FUND, INC.

Principal Place of Business

2000 MAIN STREET, RM 302  
SARASOTA FL 34236

Mailing Address

2000 MAIN STREET, RM 302  
SARASOTA FL 34236



2. Principal Place of Business

21 CHILDREN'S GUARDIAN FUND  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 49722  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/17/1995

4. FEI Number

65-0626074

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

City & State

23 SARASOTA, FL  
Zip Country

City & State

28 SARASOTA, FL  
Zip Country

24 34230

25 SARASOTA

29 34230

30 SARASOTA

9. Name and Address of Current Registered Agent

FLANNERY, JOSEPH  
1384 CLUBVIEW CT  
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1953 WHITE FEATHER LANE

83

84 City NOKOMIS

FL

85 Zip Code 34275

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HANEY, DOROTHY  
STREET ADDRESS 3951 ROBERTS POINT DRIVE  
CITY-ST-ZIP SARASOTA FL 34242 ☐ DELETE

TITLE VPD  
NAME LENK, ANN  
STREET ADDRESS 105 YACHT HARBOR DRIVE  
CITY-ST-ZIP OSPREY FL 34229 ☐ DELETE

TITLE S  
NAME MCALLISTER, LAURIE  
STREET ADDRESS 3635 RADNOR PL  
CITY-ST-ZIP SARASOTA FL 34232 ☒ DELETE

TITLE TD  
NAME FLANNERY, JOSEPH  
STREET ADDRESS 1384 CLUBVIEW CT  
CITY-ST-ZIP VENICE FL 34292 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE S  
3.2 NAME ANN HALL  
3.3 STREET ADDRESS 1736 STARLING DR.  
3.4 CITY-ST-ZIP SARASOTA, FL 34231 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 1953 WHITE FEATHER LANE  
4.4 CITY-ST-ZIP NOKOMIS, FL 34275 ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

484  
941-484-0573

Date Daytime Phone #

CR2E037 (11/98)