


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90465 050 ****61.25

DOCUMENT # N96000000368 1. Entity Name THE CHILDREN'S GUARDIAN FUND, INC.					
Principal Place of Business CHILDREN'S GUARDIAN FUND 2071 RINGLING BLVD STE 625 SARASOTA FL 34237			Mailing Address PO BOX 49722 SARASOTA FL 34230		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0626074				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GALEN, PHYLLIS R 990 BLVD OF THE ARTS #503 SARASOTA FL 34236			Name Claudia George Street Address (P.O. Box Number is Not Acceptable) 2750 Ringling Blvd, Suite 2 City Sarasota FL Zip Code 34237		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Claudia George 4-11-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARCOMB, SUSAN 878 SIESTA DRIVE SARASOTA FL 34242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marjorie Peter 3347 Old Oak Dr. Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S REEDER, SUSIE 1125 NORTH LAKE SHORE DRIVE SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rec. Sec Karen Griffith 5274 Benjamin Ln. Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KONDRAT, ALICE 2045 GULF OF MEXICO DRIVE #111 LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr Claudia George 2750 Ringling Blvd Suite 2 Sarasota, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALEN, PHYLLIS R 990 BLVD OF THE ARTS #503 SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GAIL 4946 RUTLAND GATE SARASOTA FL 34235	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TISH, FITZGERALD 8152 LONGBAY BLVD SARASOTA FL 34243	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Barcomb **Susan Barcomb** **4-11-06** **941-349-5064**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #