

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90367 045 ****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 - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

04182008 Chg-NP CR2E037 (12/06)

| | | | |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 65-0626074 | Applied For Not Applicable |
|--------------|--------------|-----------------------------|-------------------------------|

| | | | | |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 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 | |
| PROCTOR, REBECCA 1900 MAIN STREET 700 SARASOTA, FL 34236 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 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 | P | <input checked="" type="checkbox"/> Delete | | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | REEDER, SUSIE | | | NAME | McKENNEY, Kevin | | |
| STREET ADDRESS | 1125 NORTH LAKE SHORE DRIVE | | | STREET ADDRESS | 1515 RINGLING BLVD | | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | | | CITY-ST-ZIP | SARASOTA, FL 34236 | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | PROCTOR, REBECCA | | | NAME | Rich. melodie | | |
| STREET ADDRESS | 1990 MAIN ST., 700 | | | STREET ADDRESS | 1515 RINGLING BLVD. #900 | | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | | | CITY-ST-ZIP | SARASOTA, FL 34236 | | |
| TITLE | S/D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KONDRAT, ALICE | | | NAME | | | |
| STREET ADDRESS | 2045 GULF OF MEXICO DRIVE #111 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | | | CITY-ST-ZIP | | | |
| TITLE | RS | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRIFFITH, KAREN | | | NAME | | | |
| STREET ADDRESS | 5274 BENJAMIN LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA, FL 34233 | | | CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GEORGE, CLAUDIA | | | NAME | | | |
| STREET ADDRESS | 2750 RINGLING BLVD., SUITE 2 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA, FL 34237 | | | CITY-ST-ZIP | | | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *[Signature]* **Kevin McKenney** 4/23/08 941-556-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #