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Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sargira B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000517 (0)
 1. Corporation Name
NORTHEAST FLORIDA GUARDIANSHIP, INC.



Principal Place of Business P.O. BOX 2187 ST. AUGUSTINE FL 32085	Mailing Address P.O. BOX 2187 ST. AUGUSTINE FL 32085-2187
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3. Date Incorporated or Qualified 01/26/1996	3a. Date of Last Report
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2. Principal Place of Business 21 2200 N. PONCE DE LEON BLVD 26 Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22 SUITE 9 27 City & State	27 City & State
23 ST. AUGUSTINE, FL 28 Zip Country	28 Zip Country
24 32084 25 ST. JOHNS 29 Zip Country	29 Zip Country

4. FEI Number 59-3366337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
O'CONNELL, W. S
2200 N. PONCE DE LEON BLVD., STE. 7
ST. AUGUSTINE FL 32088

10. Name and Address of New Registered Agent
 81 Name **W. H. O'CONNELL**
 82 Street Address (P.O. Box Number is Not Acceptable)
2200 N. PONCE DE LEON BLVD SUITE 9
 83
 84 City **ST. AUGUSTINE** FL 85 Zip Code **32084**

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 *W. H. O'Connell* DATE **4/30/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	W. H. O'CONNELL
STREET ADDRESS	1091 MINDELLO AVE.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D&T W. H. O'CONNELL
1.3 STREET ADDRESS	1091 MINDELLO AVE.
1.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32086
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	W. S. O'CONNELL D&T
2.3 STREET ADDRESS	11 3RD ST.
2.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AIMEE KING D&T
3.3 STREET ADDRESS	11 3RD ST.
3.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32084
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)