



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000007066 1. Entity Name FLORIDA GUARD ASSOCIATION INC.				FILED 07 MAR 13 AM 12:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4970 SABAL PALM BLVD APT 310 FT LAUDERDALE, FL 33319		Mailing Address 4970 SABAL PALM BLVD APT 310 FT LAUDERDALE, FL 33319			
2. Principal Place of Business 530 SE 15 TH STREET Suite, Apt. #, etc. #2		3. Mailing Address 530 SE 15 TH ST AVE. Suite, Apt. #, etc. #2			
City & State Pompano Bch FL Zip 33060 Country		City & State Pompano Bch Zip 33060 Country			
4. FEI Number 65-0097779		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 BROWN, JOSEPH 4970 SABAL PALM BLVD APT 310 FT LAUDERDALE, FL 33319		7. Name and Address of New Registered Agent Name: Weise, Edward G. Street Address (P.O. Box Number is Not Acceptable) 530 SE 15 TH ST #2 City: Pompano Bch FL Zip Code: 33060			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD BROWN, JOSEPH 4970 SABAL PALM BLVD. APT 310 FORT LAUDERDALE, FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100095883971 04/05/07--01033--012 ***\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MACIOL, EUGENE V 3351 NE 17TH AVENUE OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HANDLER, FRANK 1906 SW 83RD AVE NORTH LAUDERDALE, FL 33860	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Edward G. Weise 530 SE 15 TH Street #2 Pompano Beach, FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Walter Sawyer 1024 SW DiLido Lane Port St Lucie, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Helen Couluris 8521 Lidflower Ct Port St Lucie, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <u>Walter Sawyer for Commander</u> 3-7-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					