

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009034

Entity Name: FLORIDA GUARDIAN AD LITEM FOUNDATION, INC.**Current Principal Place of Business:**111 W MADISON STREET
SUITE #674
TALLAHASSEE, FL 32399**Current Mailing Address:**POST OFFICE BOX 10688
TALLAHASSEE, FL 32302 US**FEI Number:** 45-0501348**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALLADARES, SONIA
111 W MADISON ST
SUITE #674
TALLAHASSEE, FL 32399 US*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.***SIGNATURE:** ERIC CLARK

05/01/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, BOARD PRESIDENT
Name DUARTE-ROBERTS, LORI
Address POST OFFICE BOX 10688
City-State-Zip: TALLAHASSEE FL 32302

Title CEO
Name VALLADARES, SONIA L
Address POST OFFICE BOX 10688
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name HENDRICKSON, JESSICA
Address POST OFFICE BOX 10688
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name SHEA, NIKO
Address POST OFFICE BOX 10688
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name WEAVER, CHRISTINA
Address POST OFFICE BOX 10688
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name AIELLO, KRISTI
Address POST OFFICE BOX 10688
City-State-Zip: TALLAHASSEE FL 32302

Title SEC
Name LEE, ADRIENNE
Address POST OFFICE BOX 10688
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name VAN DER LIKE, DAVID
Address PO BOX 10688
City-State-Zip: TALLAHASSEE FL 32302

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SONIA L. VALLADARES

CEO

05/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ROBINSON, WILLIAM THOMAS
Address	PO BOX 10688
City-State-Zip:	TALLAHASSEE FL 32302