2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2018
Secretary of State
CC9106800707

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Entity Name: FLORIDA GUARDIAN AD LITEM FOUNDATION, INC.

Current Principal Place of Business:

600 SOUTH CALHOUN STREET
SUITE 265
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:

EARP, BERT
1713 MAHAN DRIVE
TALLAHASSEE, FL 32308 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: BERT EARP 01/16/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, BOARDTREASURER
Name	EARP, BERT
Address	1713 MAHAN DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

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

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

Title	DIRECTOR
Name	RAZZANO, KELLY A.
Address	POST OFFICE BOX 10688
City-State-Zip:	TALLAHASSEE FL 32302

Title	DIRECTOR
Name	YOUNG, SARAH
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

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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: ERIC CLARK CEO 01/16/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

Title	DIRECTOR
Name	SCHULTZ-KIN, LESLIE
Address	POST OFFICE BOX 10688
City-State-Zip:	TALLAHASSEE FL 32302