

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40617

**Entity Name:** GUARDIAN AD LITEM FOUNDATION OF FLORIDA'S FIRST COAST INC

**FILED**  
**Mar 30, 2017**  
**Secretary of State**  
**CC8819747190**

**Current Principal Place of Business:**

214 N HOGAN STREET  
SUITE # 6004  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

PO BOX 10198  
JACKSONVILLE, FL 32247 US

**FEI Number: 59-3044475**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NEMETH, ANNMARIE  
3805 FAYE ROAD  
JACKSONVILLE, FL 32226 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: ANNMARIE NEMETH**

**03/30/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TR D  
Name NEMETH, ANNMARIE M  
Address 3805 FAYE ROAD  
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR  
Name PRUSIECKI, KELLIE  
Address 4124 ALHAMBRA DR W  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR, PRESIDENT  
Name SOLANKA, HEATHER  
Address 3120 HOLLOW TREE COURT  
City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY  
Name MOORE, LISA  
Address 501 W STATE STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name PATAKY, DEBRA  
Address 2209 RIVER ROAD  
City-State-Zip: JACKSONVILLE FL 32207

*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: ANNMARIE NEMETH**

**TREASURER**

**03/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date