

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40617

Entity Name: GUARDIAN AD LITEM FOUNDATION OF FLORIDA'S FIRST COAST INC**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:**CANNONE, NANCY
96039 GRAVEL CREEK DRIVE
YULEE, FL 32097 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: NANCY CANNONE****04/09/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TR D
Name CANNONE, NANCY E
Address 96039 GRAVEL CREEK DRIVE
City-State-Zip: YULEE FL 32097

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

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

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

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

Title PRESIDENT
Name SHERMAN, LYNN
Address 40 EAST ADAMS STREET
SUITE 150
City-State-Zip: JACKSONVILLE FL 32202

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: NANCY CANNONE**TREASURER****04/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date