

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N45244

Entity Name: GUARDIAN AD LITEM FOUNDATION OF OSCEOLA COUNTY,
INC.

Current Principal Place of Business:

3 COURTHOUSE SQUARE
C/O GUARDIAN AD LITEM PROGRAM SUITE 100
KISSIMMEE, FL 34741

Current Mailing Address:

P.O. BOX 452377
KISSIMMEE, FL 34745 US

FEI Number: 59-3093016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINSCOTT, WANDA
6900 RANCHERO COURT
SAINT CLOUD, FL 34771 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: WANDA LINSCOTT

02/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P/D
Name LINSCOTT, WANDA
Address 6900 RANCHERO COURT
City-State-Zip: SAINT CLOUD FL 34771

Title VP, DIRECTOR
Name CARDENAS, ALEX
Address 3548 PIXIE LANE
City-State-Zip: ST CLOUD FL 34772

Title DIRECTOR
Name WANDEL, KATHY
Address 1410 RIVIERA DRIVE
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name VASQUEZ, SUE
Address 175 CLUB VILLAS LANE
City-State-Zip: KISSIMMEE FL 34744

Title SECRETARY, DIRECTOR
Name CAMPBELL, TINA
Address 500 DELAWARE AVE
City-State-Zip: ST CLOUD FL 34769

Title T, DIRECTOR
Name COATNEY, LESLIE
Address 2072 LULA ROAD
City-State-Zip: MINNEOLA FL 34715

Title DIRECTOR
Name DAVIS, JENNIFER
Address 3370 EDESEL AVE
City-State-Zip: SAINT CLOUD FL 34772

Title DIRECTOR
Name LICATA, TIFFANY
Address 4355 KAISER AVE
City-State-Zip: SAINT CLOUD FL 34772

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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: WANDA LINSCOTT

PRESIDENT

02/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BROWN, KATIE
Address 2170 FAWN MEADOW CIRCLE
City-State-Zip: SAINT CLOUD FL 34772

Title DIRECTOR
Name MCMORROW, TAWNIE
Address 3936 CHAPLAN ROAD
City-State-Zip: SAINT CLOUD FL 34772

Title DIRECTOR
Name JOHNSON, LISA
Address 2925 CLAY WHALEY
City-State-Zip: SAINT CLOUD FL 34772

Title DIRECTOR
Name JOHNSON, ANGIE
Address 1733 CHATSWORTH CIRCLE
City-State-Zip: ST. CLOUD FL 34771

Title DIRECTOR
Name TERWILLIGER, ALYSEN
Address 3473 PACKARD AVE
City-State-Zip: SAINT CLOUD FL 34772

Title DIRECTOR
Name THEOBALD, MARCY
Address 2425 CRANE COURT
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR
Name ROBERTS, DEANNA
Address 186 CLUB VILLAS LANE
City-State-Zip: KISSIMMEE FL 34744