

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007748

**Entity Name:** GUILD FAMILY FOUNDATION, INC.

**FILED**  
**Jun 26, 2020**  
**Secretary of State**  
**1379487857CC**

**Current Principal Place of Business:**

2646 SW MAPP ROAD  
SUITE 203  
PALM CITY, FL 34990

**Current Mailing Address:**

C/O MEDIA FINANCIAL SERVICES  
1655 PALM BEACH LAKES BLVD SUITE 903  
WEST PALM BEACH, FL 33401 US

**FEI Number: 13-4045657**

**Certificate of Status Desired: No**

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

MCENTEE, DANIEL F  
2646 SW MAPP ROAD  
SUITE 203  
PALM CITY, FL 34990 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GUILD, ADAM  
Address 1101 WALLACE RIDGE  
City-State-Zip: BEVERLY HILLS CA 90210

Title VD  
Name BROWN, LYNN  
Address 83 STURGES HWY  
City-State-Zip: WESTPORT CT 06880

Title STD  
Name GUILD, MARC  
Address 50 SAGAMORE RD  
APT 5A  
City-State-Zip: BRONXVILLE NY 10708

Title C  
Name GUILD, RALPH  
Address 622 N. FLAGLER DRIVE  
APT 201  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name GUILD, CALLA  
Address 622 N. FLAGLER DRIVE  
APT 201  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name SIEGEL, SHARON  
Address 501 WARNER HILL ROAD  
City-State-Zip: SOUTHPORT CT 06490

*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: RALPH GUILD**

**C**

**06/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date