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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N25937** (6)

1. Corporation Name

GUARDIANS FOR NEW FUTURES, INC.

Principal Place of Business

Mailing Address

218 S 2ND ST ROOM 231
FT. PIERCE FL 34950

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FT. PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1988	3a. Date of Last Report 08/02/1994
4. FEI Number 65-0117004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

O'HAIRE, MICHAEL
3111 CARDINAL DR.
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KING, SHERRY
STREET ADDRESS	9191 SE DUNCAN
CITY-ST-ZIP	HOBE SOUND FL
TITLE	STD
NAME	MAYS, PATRICIA A
STREET ADDRESS	8388 75TH CT.
CITY-ST-ZIP	VERO BEACH FL
TITLE	D
NAME	CONLON, ROSE
STREET ADDRESS	180 NW 3RD AVE
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	D
NAME	SMITH, SUSAN
STREET ADDRESS	2150 STEWART LANE
CITY-ST-ZIP	VERO BEACH FL
TITLE	D
NAME	SHEPHERD, MARTHA
STREET ADDRESS	931 NW SUNSET DR. APT. 2
CITY-ST-ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Meleski, Elsie	
1.3 STREET ADDRESS	23 San Marino Way	
1.4 CITY-ST-ZIP	Port St. Lucie, FL 34952	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rathburn, Patricia A.	
3.3 STREET ADDRESS	2502 SE Petit Lane	
3.4 CITY-ST-ZIP	Port St. Lucie, FL 34952	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hoover, Charles W.	
5.3 STREET ADDRESS	1597 SE Blockton Ave.	
5.4 CITY-ST-ZIP	Port St. Lucie, FL 34952	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	King, Angela	
6.3 STREET ADDRESS	1323 32nd Ave., SW	
6.4 CITY-ST-ZIP	Vero Beach, FL 32988	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Mays* Patricia A. Mays, Secretary 3/20/95 407-231-6900

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Attachment to 1995 Corporation Annual Report
Guardians for New Futures, Inc.

OFFICERS AND DIRECTORS:

Title: D
Name: Murphy, Phyllis
Street Address: 5312 SE Schooner Oak Way
City - St. - Zip: Stuart, FL 34997

Title: D
Name: Fite, Debbie
Street Address: 4344 SE 23rd Ct.
City - St. - Zip: Okeechobee, FL 34974

Title: D
Name: Bradwell, Betty
Street Address: 400 N 21st St.
City - St. - Zip: Ft. Pierce, FL 34950