

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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**

**218 S 2ND ST ROOM 231
FT. PIERCE FL 34950-4301**

3. Date Incorporated or Qualified
04/15/1988

3a. Date of Last Report
05/01/1996

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

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☐ DELETE

NAME **MELESKI, ELSIE**
STREET ADDRESS **23 SAN MARINO WAY**
CITY-ST-ZIP **PT ST LUCIE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **STD** ☐ DELETE

NAME **MAYS, PATRICIA A**
STREET ADDRESS **8386 75TH CT.**
CITY-ST-ZIP **VERO BEACH FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **DP** ☐ DELETE

NAME **RATHBURN, PATRICIA A.**
STREET ADDRESS **2502 SE PETIT LANE**
CITY-ST-ZIP **PORT ST LUCIE FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SMITH, SUSAN**
STREET ADDRESS **2150 STEWART LANE**
CITY-ST-ZIP **VERO BEACH FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **HOOVER, CHARLES W.**
STREET ADDRESS **1597 SE BLOCKTON AVE**
CITY-ST-ZIP **PORT ST LUCIE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **KING, ANGELA**
STREET ADDRESS **1323 SW 32 AVE**
CITY-ST-ZIP **VERO BEACH FL**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)