

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90134 035 \*\*\*\*61.25

**DOCUMENT # N25937**

1. Entity Name  
**GUARDIANS FOR NEW FUTURES, INC.**



Principal Place of Business

PO BOX 3211  
FT PIERCE FL 34948

Mailing Address

PO BOX 3211  
FT PIERCE FL 34948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0117004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>RATHBURN, PATRICIA A.</b>	
STREET ADDRESS	<b>2502 SE PETIT LANE</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34952</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>MATTES, LINDA</b>	
STREET ADDRESS	<b>4205 S INDIAN RIVER DR</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34982</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>WELLES, JIM</b>	
STREET ADDRESS	<b>2180 DUNMORE LANE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rathburn, Patricia A.</b>	
STREET ADDRESS	<b>2502 SE Petit Lane</b>	
CITY-ST-ZIP	<b>Port Saint Lucie, FL 34952</b>	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Samuel Duncan, Samuel</b>	
STREET ADDRESS	<b>4821 Bethel Creek Drive</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Daniel Cowan, Daniel</b>	
STREET ADDRESS	<b>4095 SE Old St. Lucie Blvd.</b>	
CITY-ST-ZIP	<b>Stuart, FL 34996</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lennon, Emma</b>	
STREET ADDRESS	<b>2897 SE Mariposa Circle</b>	
CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LeVan, Sharon</b>	
STREET ADDRESS	<b>13 Sovereign Way</b>	
CITY-ST-ZIP	<b>Fort Pierce, FL 34949</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Vann-Gordon, Cheryl</b>	
STREET ADDRESS	<b>765 SE Academy Lane</b>	
CITY-ST-ZIP	<b>Port Saint Lucie, FL 34984</b>	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Linda K. Mattes* **Linda K. Mattes** 4-9-03 772-595-3998

CR2E037 (10/02)