


FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90039 024 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N97000003825

1. Corporation Name
GUARDIAN ANGELS FOR SPECIAL POPULATIONS, INC.

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| Principal Place of Business 400 SANTA BARBARA BLVD CAPE CORAL FL 33915 | Mailing Address P.O. BOX 151321 CAPE CORAL FL |
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| 2. Principal Place of Business 21 | 2a. Mailing Address 28 | 3. Date Incorporated or Qualified 07/01/1997 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 65-0769068 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent SANSONE, SARA 400 SANTA BARBARA BLVD CAPE CORAL FL 33915 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|-----------------------------------|
| TITLE PD | HOVERMALE, EDLA T 12181 WELLESLEY CT FT MYERS FL 33913 | <input checked="" type="checkbox"/> DELETE | |
| TITLE VD | SWIRLEIN, LYNETTE 229 SW 43RD ST CAPE CORAL FL 33914 | <input checked="" type="checkbox"/> DELETE | |
| TITLE TD | MASTER, STEPHEN BOX 151088 N/A CAPE CORAL FL 33915-1088 | <input checked="" type="checkbox"/> DELETE | |
| TITLE SD | LOWEKE, BARBARA 516 SE 30TH ST CAPE CORAL FL 33904 | <input checked="" type="checkbox"/> DELETE | |
| TITLE | | <input type="checkbox"/> DELETE | |
| TITLE | | <input type="checkbox"/> DELETE | |
| 1.1 TITLE | President - PD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME | MASTER, STEPHEN | | |
| 1.3 STREET ADDRESS | BOX 151088 | | |
| 1.4 CITY-ST-ZIP | CAPE CORAL, FL 33915-1088 | | |
| 2.1 TITLE | Vice President - VD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | GRIFFIN, MARJORIE | | |
| 2.3 STREET ADDRESS | 2204 Jasper Avenue | | |
| 2.4 CITY-ST-ZIP | FT. Myers, FL 33907 | | |
| 3.1 TITLE | Treasurer - TD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | SWIRLEIN, LYNETTE | | |
| 3.3 STREET ADDRESS | 229 SW 43rd Street | | |
| 3.4 CITY-ST-ZIP | Cape Coral, FL 33914 | | |
| 4.1 TITLE | Secretary - SD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | HESTER, DORIS | | |
| 4.3 STREET ADDRESS | 2160 W. Lake View Blvd. | | |
| 4.4 CITY-ST-ZIP | North Ft. Myers, FL 2 | | |
| 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. 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 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, with all other like empowered.

SIGNATURE: Lynette J. Swirlein Lynette J. Swirlein 5/28/99 (941) 945-4579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)