

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003825

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: GUARDIAN ANGELS FOR SPECIAL POPULATIONS, INC.

**Current Principal Place of Business:**

400 SANTA BARBARA BLVD  
CAPE CORAL, FL 33915

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 151321  
CAPE CORAL, FL 33915

**New Mailing Address:**

FEI Number: 65-0769068      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SANSONE, SARA  
400 SANTA BARBARA BLVD  
CAPE CORAL, FL 33915 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: QUARTAPELLA, BARBARA  
Address: 4531 SW 2ND AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

Title: TD ( ) Delete  
Name: MARCUCCI, VINCENT  
Address: 845 MONTICELLO COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: ZWIRELEIN, LYNETTE  
Address: 229 SW 43RD ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: SD ( ) Delete  
Name: WEIDENFELLER, KATHLEEN  
Address: 1401 SE 3RD STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: VD ( ) Delete  
Name: VAVROVH, RONALD  
Address: 21 SE 23RD AVENUE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: NELSON, DEBRA  
Address: 1120 SE 32ND STREET  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VINCENT D. MARCUCCI

TRES

01/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date