

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003825

FILED
Apr 22, 2009
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 (X)

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: PISKORZ, BARBARA
Address: 1230 SE 2ND STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: TD () Delete
Name: VAVROCH, ARLENE
Address: 211 SE 23 AVE
City-St-Zip: CAPE CORAL, FL 33990

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

Title: SD () Delete
Name: SCHWAN, TERESA
Address: 1522 COUNTRY CLUB BOULEVARD
City-St-Zip: CAPE CORAL, FL 33990

Title: VD () Delete
Name: BRADY, ANNETTE
Address: 760 CORAL DRIVE
City-St-Zip: CAPE CORAL, FL 33904

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
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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 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: TERESA SCHWAN

SD

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date