

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25937

Entity Name: GUARDIANS FOR NEW FUTURES, INC.**Current Principal Place of Business:**546 NW UNIVERSITY BLVD
SUITE 203
PORT ST LUCIE, FL 34986**Current Mailing Address:**546 NW UNIVERSITY BLVD
SUITE 203
PORT ST LUCIE, FL 34986 US**FEI Number:** 65-0117004**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BUTLER, DEBRA P
546 NW UNIVERSITY BLVD.
SUITE 203
PORT ST. LUCIE, FL 34986 US*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

Officer/Director Detail :

Title PRESIDENT
Name BUTLER, DEBBIE
Address 776 S MUNJACK CIRCLE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR
Name MACKENZIE, ELIZABETH
Address 551 SW DUVAL AVENUE
City-State-Zip: PORT SAINT LUCIE FL 34983

Title SECRETARY
Name COUGHLIN, LORRAINE
Address 546 NW UNIVERSITY BLVD
SUITE 203
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name RULE, LISA
Address 546 NW UNIVERSITY BLVD
SUITE 203
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name PLYM, DORIS
Address 300 HARBOUR DRIVE UNIT 501C
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name WYPYCH, LEAH
Address 11301 SE TEQUESTA TERRACE
City-State-Zip: TEQUESTA FL 33469

Title VP
Name HURT, KATHY
Address 1705 19TH PLACE
SUITE E2
City-State-Zip: PORVERO BEACH FL 32960

Title DIRECTOR
Name KROEGER, LESLIE M.
Address 2925 PGA BLVD.
SUITE 200
City-State-Zip: PALM BEACH GARDENS FL 33410

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I hereby 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 all other like empowered.

SIGNATURE: DEBBIE BUTLER**PRESIDENT****03/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MAYNARD, SHANIEK
Address 546 NW UNIVERSITY BLVD.
 SUITE 201
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name MARINO, SUSAN
Address 1170 SW MARTIN DOWNS BLVD.
City-State-Zip: PALM CITY FL 34990

Title TREASURER
Name MORALES, ESPERANZA
Address 4800 S. U.S. HIGHWAY 1
City-State-Zip: FORT PIERCE FL 34982