

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N25937

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

**Current Principal Place of Business:**

8561 S. COMMERCE CENTRE DRIVE  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

8561 S. COMMERCE CENTRE DRIVE  
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  
776 SW MUNJACK CIRCLE  
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        1860 SW FOUNTAINVIEW BLVD.  
                  SUITE 200  
City-State-Zip: PORT ST LUCIE FL 34986

Title            VP  
Name            GARZA, ERIC  
Address        3577 SW CORPORATE PARKWAY  
City-State-Zip: PALM CITY FL 34990

Title            DIRECTOR  
Name            GOMEZ, AMPARO  
Address        855 SW ROCKY BAYOU TERRACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title            DIRECTOR  
Name            RIALS, BRANDI DR.  
Address        345 JUPITER LAKES BLVD.  
                  SUITE 302  
City-State-Zip: JUPITER FL 33458

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

Title            DIRECTOR  
Name            CHASTAIN, LINDA  
Address        10741 GREY HERON COURT  
City-State-Zip: PORT ST LUCIE FL 34986

Title            DIRECTOR  
Name            MCGARRY, ROWAN  
Address        8561 S. COMMERCE CENTRE DRIVE  
City-State-Zip: PORT ST LUCIE FL 34986

Title            DIRECTOR  
Name            STROMAK, RUTH  
Address        8561 S. COMMERCE CENTRE DRIVE  
City-State-Zip: PORT ST LUCIE FL 34986

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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**

**12/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CEO  
Name VINYARD, CAROLINE  
Address 8561 S. COMMERCE CENTRE DRIVE  
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR  
Name ERICE, KRISTINE  
Address 8561 S. COMMERCE CENTRE DRIVE  
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR  
Name MORGAVERO, SUZANNE  
Address 8561 S. COMMERCE CENTRE DRIVE  
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR  
Name MALIK, DOROTHY  
Address 8561 S. COMMERCE CENTRE DRIVE  
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER  
Name HAHN, LAUREN  
Address 1860 SW FOUNTAINVIEW BLVD.  
SUITE 200  
City-State-Zip: PORT ST. LUCIE FL 34986