

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25937

**Entity Name:** GUARDIANS FOR NEW FUTURES, INC.**Current Principal Place of Business:**776 SW MUNJACK CIRCLE  
PORT ST LUCIE, FL 34986**Current Mailing Address:**776 SW MUNJACK CIRCLE  
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        776 S MUNJACK CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34986

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

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

Title            DIRECTOR  
Name            GOMEZ, AMPARO  
Address        855 SW ROCKY BAYOU TERRACE  
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            VP  
Name            MAYNARD, SHANIEK  
Address        546 NW UNIVERSITY BLVD.  
                 SUITE 201  
City-State-Zip: PORT ST. LUCIE FL 34986

Title            SECRETARY  
Name            PLATT, MELANIE DR.  
Address        776 SW MUNJACK CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34986

Title            DIRECTOR  
Name            MCGARRY, ROWAN  
Address        776 SW MUNJACK CIRCLE  
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****02/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                 DIRECTOR  
Name                FLOYD, LISA  
Address            1901 S. HEADER CANAL ROAD  
City-State-Zip:    PORT ST. LUCIE FL 34945

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