

**2015 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:** No**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	P
Name	BUTLER, DEBBIE
Address	776 S MUNJACK CIRCLE
City-State-Zip:	PORT SAINT LUCIE FL 34986

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

Title	T
Name	CRAIG, ERIN
Address	546 NW UNIVERSITY BLVD
City-State-Zip:	PORT ST. LUCIE FL 34986

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

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

Title	VP
Name	AKINS, MICHELLE
Address	1601 THUMB POINT DRIVE
City-State-Zip:	FORT PIERCE FL 34949

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

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

**Continues on page 2**

*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, BOARD OF DIRECTORS** 01/13/2015\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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