2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003825

Entity Name: GUARDIAN ANGELS FOR SPECIAL POPULATIONS, INC.

FILED
Jan 28, 2016
Secretary of State
CC0422709923

Current Principal Place of Business:

410 SANTA BARBARA BLVD CAPE CORAL, FL 33915

Current Mailing Address:

P.O. BOX 151321

CAPE CORAL, FL 33915

FEI Number: 65-0769068 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANSONE, SARA 410 SANTA BARBARA BLVD CAPE CORAL, FL 33915 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	PD	Title	TD
Title		Title	

Name MARCUCCI, VINCENT Name SMITH, SHARON

Address 845 MONTICELLO COURT Address 4633 WATERSCAPE LANE
City-State-Zip: CAPE CORAL FL 33904 City-State-Zip: FORT MYERS FL 33966

Title VP Title SD

Name ZWIRELEIN, LYNETTE Name HAUGH, MARGIE

Address 229 SW 43RD ST Address 1124 SW 46TH STREET

City-State-Zip: CAPE CORAL FL 33914 City-State-Zip: CAPE CORAL FL 33914

Title D Title DIRECTOR

Name KOZACKO, IRENE Name SANSONE, SARA

Address 4024 SE 1ST PLACE Address 410 SANTA BARBARA BLVD

City-State-Zip: CAPE CORAL FL 33904 City-State-Zip: CAPE CORAL FL 33915

TitleDIRECTORTitleDIRECTORNameZEIGLER, JOYCENameMOHR, FRED

Address 3544 SABLE SPRINGS BLVD. Address 3526 PELICAN BLVD.

City-State-Zip: N. FORT MYERS FL 33917 City-State-Zip: CAPE CORAL FL 33914

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: SHARON L. SMITH TREASURER 01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name CERBONE, MIKE

Address 3015 SW 47TH TERRACE
City-State-Zip: CAPE CORAL FL 33914

Title DIRECTOR

Address

Name ELAINE, ELIZABETH

City-State-Zip: FORT MYERS FL 33912

7601 EAGLES RIGHT LANE

Title DIRECTOR

Name WILCOX, BARBARA

Address 410 SANTA BARBARA BLVD City-State-Zip: CAPE CORAL FL 33915