

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003825

FILED
Jan 17, 2014
Secretary of State
CC6307910815

Entity Name: GUARDIAN ANGELS FOR SPECIAL POPULATIONS, INC.

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
Name MARCUCCI, VINCENT
Address 845 MONTICELLO COURT
City-State-Zip: CAPE CORAL FL 33904

Title TD
Name SMITH, SHARON
Address 4619 SW 17TH AVENUE
City-State-Zip: CAPE CORAL FL 33914

Title VP
Name ZWIRELEIN, LYNETTE
Address 229 SW 43RD ST
City-State-Zip: CAPE CORAL FL 33914

Title SD
Name HAUGH, MARGIE
Address 1124 SW 46TH STREET
City-State-Zip: CAPE CORAL FL 33914

Title D
Name KOZACKO, IRENE
Address 4024 SE 1ST PLACE
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR
Name SANSONE, SARA
Address 410 SANTA BARBARA BLVD
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name BROTHERS, ROBERTS
Address 410 SANTA BARBARA BLVD
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name DOMBROWSKI, DEE
Address 410 SANTA BARBARA BLVD
City-State-Zip: CAPE CORAL FL 33915

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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: SHARON L. SMITH

TREASURER

01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ZEIGLER, JOYCE
Address 410 SANTA BARBARA BLVD
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name WILCOX, BARBARA
Address 410 SANTA BARBARA BLVD
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name MOHR, FRED
Address 410 SANTA BARBARA BLVD
City-State-Zip: CAPE CORAL FL 33915