

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003825

**FILED**  
**Mar 10, 2015**  
**Secretary of State**  
**CC0185277358**

**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 2652 VAREO COURT  
City-State-Zip: CAPE CORAL FL 33991

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 ZEIGLER, JOYCE  
Address 3544 SABLE SPRINGS BLVD.  
City-State-Zip: N. FORT MYERS FL 33917

Title DIRECTOR  
Name MOHR, FRED  
Address 3526 PELICAN BLVD.  
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**

**03/10/2015**

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

Title DIRECTOR  
Name ELAINE, ELIZABETH  
Address 7601 EAGLES RIGHT LANE  
City-State-Zip: FORT MYERS FL 33912