

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25937

FILED
Jun 10, 2009
Secretary of State

Entity Name: GUARDIANS FOR NEW FUTURES, INC.

Current Principal Place of Business:

584 NW UNIVERSITY DRIVE
SUITE #600
PORT ST LUCIE, FL 34986

New Principal Place of Business:

New Mailing Address:

584 NW UNIVERSITY DRIVE
SUITE #600
PORT ST LUCIE, FL 34986

Current Mailing Address:

PO BOX 3211
FT PIERCE, FL 34948

FEI Number: 65-0117004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

O'HAIRE, MICHAEL
3111 CARDINAL DR.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

PEGG, CHRISTOPHER K LL.M
979 BEACHLAND BLVD.
VERO BEACH, FL 32963 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: CHRISTOPHER K. PEGG

06/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BUTLER, DEBBIE
Address: 776 S MUNJACK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PD () Delete
Name: CHENEY, TIMOTHY
Address: 955 TREASURE LANE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: BURTON, BETTY
Address: 1520 SE 23RD ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: T () Delete
Name: LISS, GEORGE
Address: 2024 SE OXTON DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: ALLEN, VICTORIA
Address: 2234 18TH AVE
City-St-Zip: VERO BEACH, FL 32960

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUTLER, DEBBIE
Address: 776 S MUNJACK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T (X) Change () Addition
Name: DALESSIO, RENEE L
Address: 5948 NW HANN DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Change () Addition
Name: MACKENZIE, ELIZABETH
Address: 551 SW DUVAL AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D (X) Change () Addition
Name: RON, JONES PH.D
Address: 1601 THUMB POINT DRIVE
City-St-Zip: FORT PIERCE, FL 34949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RENEE L. DALESSIO

T

06/10/2009

Electronic Signature of Signing Officer or Director

Date