

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90049 023 ****61.25

DOCUMENT # N97000003825

1. Entity Name

GUARDIAN ANGELS FOR SPECIAL POPULATIONS, INC.



Principal Place of Business

**400 SANTA BARBARA BLVD
CAPE CORAL FL 33915**

Mailing Address

**P.O. BOX 151321
CAPE CORAL FL 33915**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0769068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANSONE, SARA
400 SANTA BARBARA BLVD
CAPE CORAL FL 33915**

DEPARTMENT OF STATE

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BRADY, ANNETTE	
STREET ADDRESS	760 CORAL DR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAVROCH, RONALD	
STREET ADDRESS	21 SE 23RD AVE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZWIRELEIN, LYNETTE	
STREET ADDRESS	229 SW 43RD ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PISKORZ, BARBARA	
STREET ADDRESS	1230 SE 2ND ST.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SALVATORE, D'AGOSTINO	
STREET ADDRESS	5231 SEMINOLE CT.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas, Robert	
STREET ADDRESS	11946 Prince Charles Ct	
CITY-ST-ZIP	Cape Coral, FL 33991	
TITLE	T/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Gail	
STREET ADDRESS	1309 SW 21st Ter.	
CITY-ST-ZIP	Cape Coral, FL 33991	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sansone, Sara	
STREET ADDRESS	5619 Delido Court	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Quartapelle, Barbara	
STREET ADDRESS	4531 SW 2nd Ave	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DiAgostino, Salvatore	
STREET ADDRESS	5231 Seminole Ct.	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nagle, Sue	
STREET ADDRESS	1425 SW 51st Lane, #94	
CITY-ST-ZIP	Cape Coral, FL 33914	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gail M. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-772-5198

ATTACHMENT

ADDITIONS TO NO. 10

VP/D
Steve Masters
1717 SE Seventh Street
Cape Coral, FL 33990

D
Junita Barnes
28 NE 20th Avenue
Cape Coral, FL 33909

40017878

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