

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005767

**FILED**  
**Mar 09, 2018**  
**Secretary of State**  
**CC9971949592**

**Entity Name:** GULFSTREAM GUARDIAN ANGEL ROTTWEILER RESCUE, INC.

**Current Principal Place of Business:**

20914 NW 74 PLACE  
ALACHUA, FL 32615

**Current Mailing Address:**

20914 NW 74 PLACE  
ALACHUA, FL 32615

**FEI Number: 54-2072863**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ACOSTA, GRACE  
20914 NW 74 PLACE  
ALACHUA, FL 32615 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 P-T  
Name ACOSTA, GRACE  
Address 20914 NW 74 PLACE  
City-State-Zip: ALACHUA FL 32615

Title D  
Name DURBIN, MARIHOPE  
Address 3086 SW VITTORIO ST  
City-State-Zip: PORT ST. LUCIE FL 34953

Title VP-S  
Name RAMIREZ, YOLANDA  
Address 18468 NW 24 ST.  
City-State-Zip: PEMBROKE PINES FL 33029

Title DIRECTOR  
Name CLARK, CHRISTY  
Address 12150 LAKESHORE DR  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name WILSON, ULI  
Address 3201 W PAUL AVE  
City-State-Zip: TAMPA FL 33611

Title DIRECTOR  
Name KUTLER, LOUISE  
Address 120 WOODBINE LANE  
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR  
Name KARDON, LAURIE  
Address 5276 NW 20 AVE  
City-State-Zip: BOCA RATON FL 33496

*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: GRACE ACOSTA**

**PRESIDENT**

**03/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date