2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010906

Entity Name: SERVICE DOGS FOR PATRIOTS, INC.

Current Principal Place of Business:

4131 NW 13TH STREET SUITE 104 GAINESVILLE, FL 32609

Current Mailing Address:

4131 NW 13TH STREET SUITE 104 GAINESVILLE, FL 32609 US

FEI Number: 20-0958497

Name and Address of Current Registered Agent:

DUNLAP, MICHELLE 4131 NW 13TH STREET SUITE 104 GAINESVILLE, FL 32609 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

Officer/Director Detail :

Oncerval ector Detail :			
Title	P/D	Title	SECRETARY/D
Name	DUNLAP, MICHELLE	Name	KEEL, SUSIE
Address	4131 NW 13TH STREET SUITE 104	Address	4131 NW 13TH STREET SUITE 104
City-State-Zip:	GAINESVILLE FL 32609	City-State-Zip:	GAINESVILLE FL 32609
Title	T/D	Title	D
Name	WALLS, SUSAN DR.	Name	HUBERT, CHARLES
Address	4131 NW 13TH STREET SUITE 104	Address	4131 NW 13TH STREET SUITE 104
City-State-Zip:	GAINESVILLE FL 32609	City-State-Zip:	GAINESVILLE FL 32609
Title	DIRECTOR	Title	DIRECTOR
Name	JANOWITZ, BARBARA	Name	YOUNG, SETH
Address	4131 NW 13TH STREET SUITE 104	Address	4131 NW 13TH STREET SUITE 104
City-State-Zip:	GAINESVILLE FL 32609	City-State-Zip:	GAINESVILLE FL 32609
	Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	TitleP/DNameDUNLAP, MICHELLEAddress4131 NW 13TH STREET SUITE 104City-State-Zip:GAINESVILLE FL 32609TitleT/DNameWALLS, SUSAN DR.Address4131 NW 13TH STREET SUITE 104City-State-Zip:GAINESVILLE FL 32609TitleDIRECTORNameJANOWITZ, BARBARAAddress4131 NW 13TH STREET	TitleP/DTitleNameDUNLAP, MICHELLENameAddress4131 NW 13TH STREET SUITE 104AddressCity-State-Zip:GAINESVILLE FL 32609City-State-Zip:TitleT/DTitleNameWALLS, SUSAN DR.NameAddress4131 NW 13TH STREET SUITE 104AddressCity-State-Zip:GAINESVILLE FL 32609City-State-Zip:TitleDIRECTORCity-State-Zip:TitleDIRECTORTitleNameJANOWITZ, BARBARANameAddress4131 NW 13TH STREET SUITE 104Name

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.

PRESIDENT

SIGNATURE: MICHELLE DUNLAP

Electronic Signature of Signing Officer/Director Detail

FILED Jan 02, 2020 Secretary of State 3299572074CC

Certificate of Status Desired: No

Date