

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004879

**Entity Name:** GUARDIAN ANGELS MEDICAL SERVICE DOGS, INC.

**Current Principal Place of Business:**

3251 NE 180TH AVE  
WILLISTON, FL 32696

**Current Mailing Address:**

3251 NE 180TH AVE  
WILLISTON, FL 32696

**FEI Number: 27-2667123**

**Certificate of Status Desired: No**

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

BORDEN, CAROL  
3251 NE 180TH AVE  
WILLISTON, FL 32696 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            CEO  
Name            BORDEN, CAROL  
Address        3251 NE 180TH AVE  
City-State-Zip: WILLISTON FL 32696

Title            BOD MEMBER  
Name            BORDEN, CHRIS  
Address        3251 NE 180TH AVE  
City-State-Zip: WILLISTON FL 32696

Title            BOD PRESIDENT  
Name            GALMICHE, KAREN  
Address        2885 PGA BLVD.  
City-State-Zip: NAVARRE FL 32566

Title            BOD SECRETARY  
Name            PETRONE, GERRY  
Address        P.O. BOX 1312  
City-State-Zip: ALACHUA FL 32618

Title            BOD MEMBER  
Name            BRANDT, MARY JO  
Address        15031 NE 1ST PL  
City-State-Zip: WILLISTON FL 32696

Title            BOD MEMBER  
Name            BERTRAM, PAUL  
Address        3251 NE 180TH AVE.  
City-State-Zip: WILLISTON FL 32696

Title            BOD TREASURER  
Name            LARKINS, ANN  
Address        3251 NE 180TH AVE  
City-State-Zip: WILLISTON FL 32696

Title            BOD VICE PRESIDENT  
Name            PARKER, PRISCILLA  
Address        3251 NE 180TH AVE  
City-State-Zip: WILLISTON FL 32696

*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: CAROL J BORDEN**

**CEO**

**01/29/2021**

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

\_\_\_\_\_  
Date