

2020 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 BORDEN

CEO

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date