

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000012253

**FILED**  
**Jan 17, 2024**  
**Secretary of State**  
**3206133817CC**

**Entity Name:** THE BORDEN INSTITUTE OF HIGHER LEARNING, INC.

**Current Principal Place of Business:**

3251 NE 180TH AVENUE  
WILLISTON, FL 32696

**Current Mailing Address:**

3251 NE 180TH AVENUE  
WILLISTON, FL 32696 US

**FEI Number: 85-4009852**

**Certificate of Status Desired: No**

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

BORDEN, CAROL  
3251 NE 180TH AVENUE  
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 AVENUE  
City-State-Zip: WILLISTON FL 32696

Title            VP  
Name            PARKER, PRISCILLA  
Address        PO BOX 1180  
City-State-Zip: HIGH SPRINGS FL 32655

Title            S  
Name            PATRONE, GERRY  
Address        PO BOX 1312  
City-State-Zip: ARCHER FL 32618

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

Title            T  
Name            LARKINS, ANN  
Address        14491 NE 63RD PL  
City-State-Zip: WILLISTON FL 32696

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

Title            DIRECTOR  
Name            BERTRAM, PAUL  
Address        3251 NE 180TH AVENUE  
City-State-Zip: WILLISTON FL 32696

Title            DIRECTOR  
Name            BORDEN, CHRIS  
Address        3251 NE 180TH AVENUE  
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: MARY JO BRANDT**

**COO**

**01/17/2024**

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

\_\_\_\_\_  
Date