

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

DOCUMENT# N97000003825

**Entity Name:** GUARDIAN ANGELS FOR SPECIAL POPULATIONS, INC.

**Current Principal Place of Business:**

410 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991

**Current Mailing Address:**

P.O. BOX 151321  
CAPE CORAL, FL 33915

**FEI Number: 65-0769068**

**Certificate of Status Desired: No**

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

PARK, MILENA  
410 SANTA BARBARA BLVD  
CAPE CORAL, FL 33915 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:** MILENA PARK

03/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SHELDRAKE, MICK  
Address 917 SW 20TH ST  
City-State-Zip: CAPE CORAL FL 33991

Title TD  
Name ABRAMS, HEATHER  
Address 3801 SW 2ND ST  
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR  
Name MILLER, RAY  
Address 2630 NW 1ST STREET  
City-State-Zip: CAPE CORAL FL 33993

Title DIRECTOR  
Name PARK, MILENA  
Address 2609 SW 38TH STREET  
City-State-Zip: CAPE CORAL FL 33993

Title DIRECTOR  
Name GERMAIN, DONNA  
Address 410 SASNTA BARBARA  
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR  
Name ROBBEN, NORM  
Address 410 SANTA BARBARA BLVD  
City-State-Zip: CAPE CORAL FL 33991

Title VP  
Name WALLACH, EDWARD  
Address 410 SANTA BARBARA BLVD  
City-State-Zip: CAPE CORAL FL 33991

Title SECRETARY  
Name RACHEL, KADUK  
Address 1823 NE28TH ST  
City-State-Zip: CAPE CORAL FL 33909

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*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:** MILENA PARK

**DIRECTOR**

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ERIC , GUNDERSON  
Address 927 NE 17TH TER  
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR  
Name AARON, EGLER  
Address 1001 CAYES CIR.  
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR  
Name DENNIS, SHELTON  
Address 107 NW 2ND AVE.  
City-State-Zip: CAPE CORAL FL 33993