

2021 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: Yes

Name and Address of Current Registered Agent:

PARK, MELINA
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: MELINA PARK

04/14/2021

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

Title SECRETARY
Name HAUGH, MARGIE
Address 1124 SW 46TH STREET
City-State-Zip: CAPE CORAL FL 33914

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

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: MELINA PARK

DIRECTOR

04/14/2021

Electronic Signature of Signing Officer/Director Detail

Date