

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002312

FILED
Apr 30, 2011
Secretary of State

Entity Name: INFANT & CHILDREN SLEEP APNEA AWARENESS FOUNDATION, INC.

Current Principal Place of Business:

14 CUNNINGHAM DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

P O BOX 2328
NEW SMYRNA BEACH, FL 32170-23 28

New Mailing Address:

FEI Number: 26-2550073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGUIDICE, JOE
1515 RIDGEWOOD AVE
A
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/D
Name: BREAREY, TERRI LYNN
Address: P O BOX 2328
City-St-Zip: NEW SMYRNA BEACH, FL 321702328

Title: VP/D
Name: BREAREY, PETE
Address: P O BOX 2328
City-St-Zip: NEW SMYRNA BEACH, FL 321702328

Title: S/D
Name: MCCRARY, MICHELLE
Address: P O BOX 2328
City-St-Zip: NEW SMYRNA BEACH, FL 321702328

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: TERRI LYNN BREAREY

P/D

04/30/2011

Electronic Signature of Signing Officer or Director

Date