

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001201

FILED
Mar 29, 2010
Secretary of State

Entity Name: THE ACHILLES FOUNDATION, INC.

Current Principal Place of Business:

19 NIAGARA FALLS CIRCLE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

19 NIAGARA FALLS CIRCLE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 80-0146498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIANAS, JAMES G PHD
19 NIAGARA FALLS CIRCLE
ORMOND BEACH, FL 32174 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: PRES
Name: BRIANAS, JAMES G PHD
Address: 19 NIAGARA FALLS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP1
Name: HALKOS, MICHAEL BA
Address: 170 SOMERSET ROAD
City-St-Zip: STEVENSVILLE, MD 21666

Title: VP2
Name: CHIRIGOTIS, FREDERICK BS
Address: 237 AUTUMN CHASE DRIVE
City-St-Zip: ANNAPOLIS, MD 21401

Title: SEC
Name: MOSTAKIS, JOHN BS
Address: 407 PORPOISE LANE
City-St-Zip: RIVA, MD 21140

Title: TREA
Name: BRIANAS, JONATHAN T MBA
Address: 15 1/2 HILL STREET
City-St-Zip: ANNAPOLIS, MD 21401

Title: ADVB
Name: LARDIS, ALEXANDER E BS
Address: 1085 CARRIAGE HILL PKWY
City-St-Zip: ANNAPOLIS, MD 21401

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: JAMES G. BRIANAS

PRES

03/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date