

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755952

Entity Name: MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

3329 JOHNSON STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

3329 JOHNSON STREET
HOLLYWOOD, FL 33021 US

FEI Number: 59-2082218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JANSER, KEVIN R
3329 JOHNSON STREET
HOLLYWOOD, FL 33021 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 IMMEDIATE PAST CHAIRMAN
Name OLIVERI , THOMAS R.
Address 3329 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title SECRETARY
Name CORNFELD HUROWITZ, SUSANNE
Address 3329 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title AT-LARGE
Name GAWRYCH , R. DOUG
Address 3329 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title CHAIRMAN
Name GREENFIELD, ANDREW J. DR.
Address 3329 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title 1ST VICE CHAIRMAN
Name ROSE , BRETT
Address 3329 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title TREASURER
Name LEGAUX, ELDEN
Address 3329 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title AT LARGE
Name SHARE , LAWRENCE D.
Address 3329 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title 2ND VICE CHAIRPERSON
Name KRIMSKY, BETH-ANN
Address 3329 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

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: SUSANNE CORNFELD HUROWITZ

SECRETARY

04/08/2022

Electronic Signature of Signing Officer/Director Detail

Date