

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001585

Entity Name: CHILDREN'S HEALTH FOUNDATION, INC.**Current Principal Place of Business:**2881 EAST OAKLAND PARK BLVD.
406
FORT LAUDERDALE, FL 33306**Current Mailing Address:**2881 EAST OAKLAND PARK BLVD.
406
FORT LAUDERDALE, FL 33306**FEI Number:** 65-0997170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUCCI, RAPHAEL C
6347 - 2 BAY CLUB DR
FORT LAUDERDALE, FL 33308 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	DPST
Name	RUCCI, RAPHAEL C
Address	6347-2 BAY CLUB DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	DIRECTOR
Name	COLLETTI, JOSEPH
Address	4770 BISCAYNE BLVD. 1400
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR
Name	DELFINO, KAREN
Address	6481 BAY CLUB DRIVE 4
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	D
Name	CORATOLO, MICHAEL V
Address	18 N. CENTRAL AVE
City-State-Zip:	HARTSDALE NY 10530

Title	DIRECTOR
Name	EASTMAN, JEAN
Address	2308 BAYVIEW DR.
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	DIRECTOR
Name	SCOTT, JOE
Address	411 NEW RIVER DR EAST 3703
City-State-Zip:	FORT LAUDERDALE FL 33301

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: RAPHAEL RUCCI**DPST****01/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date