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.

CO FOUNDER

SIGNATURE: JOSEPH PERILLO

Т

Electronic Signature of Signing Officer/Director Detail

(

City-State-Zip: TAMPA FL 33609

Officer/Director Detail :				
Title	D	Title	D	
Name	PERILLO, JOSEPH	Name	STAFFORD, RANDY	
Address	19628 LAKE OSCEOLA LANE	Address	10702 BEAGLE RUN PLACE	
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	TAMPA FL 33626	
Title	D			
Name	NELSON, SCOTT F			
Address	4890 WEST KENNEDY BLVD			

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.

NELSON, SCOTT D 4890 WEST KENNEDY BLVD

Electronic Signature of Registered Agent

ODESSA, FL 33556

19628 LAKE OSCEOLA LANE

17633 GUNN HWY **SUITE 174**

Name and Address of Current Registered Agent:

SUITE 240

TAMPA, FL 33609 US

SIGNATURE:

FEI Number: 14-1892675

Current Mailing Address:

ODESSA, FL 33556 US

DOCUMENT# N0300006794

Entity Name: PERILLO-STAFFORD LEUKEMIA FOUNDATION, INC. **Current Principal Place of Business:**

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2022 Secretary of State 9264974030CC

FILED

Certificate of Status Desired: No

02/17/2022 Date

Date