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

Name and Address of Current Registered Agent:

NELSON, SCOTT D 4890 WEST KENNEDY BLVD SUITE 240 TAMPA, FL 33609 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

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		
City-State-Zip:	TAMPA FL 33609		

DOCUMENT# N0300006794

Entity Name: PERILLO-STAFFORD LEUKEMIA FOUNDATION, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

19628 LAKE OSCEOLA LANE ODESSA, FL 33556

Current Mailing Address:

17633 GUNN HWY **SUITE 174** ODESSA, FL 33556 US

FEI Number: 14-1892675

Jan 21, 2023 Secretary of State 0504444516CC

FILED

Certificate of Status Desired: No

01/21/2023

Date

Date