

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006794

**FILED**  
**Mar 31, 2016**  
**Secretary of State**  
**CC9452661304**

**Entity Name:** PERILLO-STAFFORD LEUKEMIA FOUNDATION, INC.

**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

**Certificate of Status Desired:** No

**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

Date

**Officer/Director Detail :**

Title D  
Name PERILLO, JOSEPH  
Address 19628 LAKE OSCEOLA LANE  
City-State-Zip: ODESSA FL 33556

Title D  
Name STAFFORD, RANDY  
Address 10702 BEAGLE RUN PLACE  
City-State-Zip: TAMPA FL 33626

Title D  
Name NELSON, SCOTT F  
Address 4890 WEST KENNEDY BLVD  
City-State-Zip: TAMPA FL 33609

*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:** JOSEPH PERILLO

**FOUNDER**

**03/31/2016**

Electronic Signature of Signing Officer/Director Detail

Date