

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003201

**Entity Name:** AMERICAN FOUNDATION FOR CHILDREN WITH AIDS, INC.

**FILED**  
**May 08, 2017**  
**Secretary of State**  
**CC1860895946**

**Current Principal Place of Business:**

1520 GREENING LANE  
HARRISBURG, PA 17110

**Current Mailing Address:**

1520 GREENING LANE  
HARRISBURG, PA 17110 US

**FEI Number: 30-0247823**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC  
11680 PROSPERITY FARMS ROAD  
SUITE 221E  
PALM BEACH GARDENS, FL 33410 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            PRESIDENT  
Name            WILLIAM, GARBARINO  
Address        1790 D'AMOUR CRESCENT  
City-State-Zip: ORELEANS K1C 5-G1

Title            DIRECTOR  
Name            KRACHT, MICHAEL  
Address        847 WEST MARKET STREET  
City-State-Zip: PERKASIE PA 18944

Title            DIRECTOR  
Name            CASSINO, NICHOLAS  
Address        6436 N. VIEWRIDGE DR.  
City-State-Zip: TACOMA WA 98407

Title            ED  
Name            TANYA, WEAVER  
Address        6221 BLUE GRASS AVENUE  
City-State-Zip: HARRISBURG PA 17112

Title            SECRETARY  
Name            JENNIFER, PANATTONI  
Address        1309 BROPHY  
City-State-Zip: PARK RIDGE IL 60068

Title            TREASURER  
Name            STEPHANIE , WATKINS  
Address        1904 GREEN STREET  
City-State-Zip: HARRISBURG PA 17102

Title            DIRECTOR  
Name            KARIN, STORTZ  
Address        3325 NORTH LINCOLN AVENUE  
City-State-Zip: CHICAGO IL 60657

Title            VP  
Name            ANNE, PARMER  
Address        345 WITMER ROAD  
City-State-Zip: HERSHEY PA 17033

*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: WILLIAM GARBARINO**

**PRESIDENT**

**05/08/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date