

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04403

**FILED**  
**Jun 08, 2020**  
**Secretary of State**  
**6969344253CC**

**Entity Name:** THE FRIENDS OF THE HEPBURN CENTER INCORPORATED

**Current Principal Place of Business:**

1000 NW 8TH AVE  
OB JOHNSON PARK HEPBURN CENTER  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1000 NW 8TH AVE  
OB JOHNSON PARK HEPBURN CENTER  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-2710007

**Certificate of Status Desired:** Yes

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

ADELSON, ANTHONY  
1000 NW 8TH AVE  
HALLANDALE BEACH, FL 33009 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:** ANTHONY ADELSON

06/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ADELSON, ANTHONY  
Address 501 GOLDEN ISLES DRIVE #203  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name MANDEL, SUSAN  
Address HALLANDALE CREATIVE PRINTING  
306 W HALLANDALE BEACH BLVD  
City-State-Zip: HALLANDALE BEACH FL 33009

Title M  
Name CASCDORNONO, ALEJANDRO  
Address 1000 NW 8TH AVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title ACCOUNTANT  
Name HEYER, DEBRA A  
Address HEYER TAX & ASSOCIATES INC  
8569 PINES BLVD STE 216  
City-State-Zip: PEMBROKE PINES FL 33024

Title MEMBER  
Name AZZOLINI, ADRIANA  
Address 1000 NW 8TH AVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name LLORENTE, OSCAR  
Address 1000 NW 8TH AVE  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name GRACHOW, LEO  
Address 1000 NW 8TH AVE  
City-State-Zip: HALLANDALE FL 33009

*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:** ANTHONY ADELSON

CHAIRMAN

06/08/2020

Electronic Signature of Signing Officer/Director Detail

Date