

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N04403

**Apr 06, 2024**

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

**Secretary of State  
8214875186CC**

**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:** No

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

ANTHONY S. ADELSON, PA  
501 GOLDEN ISLES DRIVE  
SUITE 102  
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 S. ADELSON

04/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title: PRESIDENT  
Name: ADELSON, ANTHONY  
Address: 1000 NW 8TH AVENUE  
OB JOHNSON PARK  
City-State-Zip: HALLANDALE BEACH FL 33009

Title: DIRECTOR  
Name: CASCARANO, 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: DIRECTOR  
Name: COLLIE, MICHELE  
Address: 1000 NW 8TH AVENUE  
OB JOHNSON PARK  
City-State-Zip: HALLANDALE BEACH FL 33009

Title: DIRECTOR  
Name: GUADAMUZ-DAVIS, KARLA  
Address: 1000 NW 8TH AVENUE  
City-State-Zip: HALLANDALE FL 33009

Title: DIRECTOR  
Name: WHITE, WILLIE  
Address: 1000 NW 8TH AVE  
OB JOHNSON PARK HEPBURN  
CENTER  
City-State-Zip: HALLANDALE BEACH FL 33009

Title: DIRECTOR  
Name: GORDON, QUNEA  
Address: 1000 NW 8TH AVE  
OB JOHNSON PARK HEPBURN  
CENTER  
City-State-Zip: HALLANDALE BEACH FL 33009

Title: DIRECTOR  
Name: AYERZA, LOLI  
Address: 1000 NW 8TH AVE  
OB JOHNSON PARK HEPBURN  
CENTER  
City-State-Zip: HALLANDALE BEACH 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 S. ADELSON

**PRESIDENT**

04/06/2024

Electronic Signature of Signing Officer/Director Detail

Date