

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04403

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:** 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

04/09/2021

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

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

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

Title DIRECTOR
Name MANDEL, SUSAN
Address HALLANDALE CREATIVE PRINTING
306 W HALLANDALE BEACH BLVD
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 LLORENTE, OSCAR
Address 1000 NW 8TH AVE
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name COLLIE, MICHELE
Address 1000 NW 8TH AVENUE
OB JOHNSON PARK
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 ADELSON

CHAIRMAN

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date