2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2015
Secretary of State
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Entity Name: LYMPHANGIOMATOSIS & GORHAM'S DISEASE ALLIANCE, INC.

Current Principal Place of Business:

19919 VILLA LANTE PLACE
BOCA RATON, FL 33434-5632

Current Mailing Address:

19919 VILLA LANTE PLACE
BOCA RATON, FL 33434-5632

FEI Number: 26-1224181

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KELLY, JOHN F
19919 VILLA LANTE PLACE
BOCA RATON, FL 33434-5632 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	DIRECTOR
Name	KLEPPER, LISA K RN
Address	319 NORTH WICKFORD
City-State-Zip:	SHREVEPORT LA 71115

Title	DIRECTOR/PRESIDENT
Name	KELLY, JOHN F
Address	19919 VILLA LANTE PLACE
City-State-Zip:	BOCA RATON FL 33434

Title	DIRECTOR
Name	GAMMON, ALLAN
Address	214 MANAGAONE RD
City-State-Zip:	WAIKANAE

Title	DIRECTOR
Name	MAERSCH, MITCH
Address	828 WESLYN COURT 1
City-State-Zip:	WEST BEND WI 53095

Title	DIRECTOR
Name	GOLDFARB, SCOTT
Address	46 OAKDENE ROAD
City-State-Zip:	BARRINGTON IL 60010

Title	DIRECTOR/CHAIRMAN
Name	WIESNER, SCOT
Address	628 OAK STREET BOX 9
City-State-Zip:	BROWNSVILLE WI 53006

Title	DIRECTOR
Name	FERRY, TIFFANY D
Address	145 BLACKLAND RD NW
City-State-Zip:	ATLANTA GA 30342

Title	VP
Name	GOLDFARB, SANDRA
Address	46 OAKDENE ROAD
City-State-Zip:	BARRINGTON IL 60010

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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: JOHN F. KELLY PRESIDENT 04/26/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MILNE, TRACY
Address	49 CROWN CRESCENT PETERCULTER
City-State-Zip:	ABERDEEN SCOTLAND AB14 0SQ