

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007001

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 GOLDFARB, SCOTT
Address 7320 FOREST KNOLL COURT
City-State-Zip: WASHINGTON MI 48095Title DIRECTOR/PRESIDENT
Name KELLY, JOHN F
Address 19919 VILLA LANTE PLACE
City-State-Zip: BOCA RATON FL 33434Title DIRECTOR/CHAIRMAN
Name WIESNER, SCOT
Address 628 OAK STREET BOX 9
City-State-Zip: BROWNSVILLE WI 53006Title DIRECTOR
Name FERRY, TIFFANY D
Address 145 BLACKLAND RD NW
City-State-Zip: ATLANTA GA 30342Title DIRECTOR
Name MAERSCH, MITCH
Address 828 WESLYN COURT 1
City-State-Zip: WEST BEND WI 53095Title VP
Name GOLDFARB, SANDRA
Address 46 OAKDENE ROAD
City-State-Zip: BARRINGTON IL 60010Title DIRECTOR
Name MILNE, TRACY
Address 49 CROWN CRESCENT
PETERCULTER
City-State-Zip: ABERDEEN SCOTLAND AB14 0SQ

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****03/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date