

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001201

**Entity Name:** THE ACHILLES FOUNDATION, INC.

**Current Principal Place of Business:**

3552 BLUEBELL LANE  
HOLIDAY, FL 34691

**Current Mailing Address:**

3552 BLUEBELL LANE  
HOLIDAY, FL 34691 US

**FEI Number: 80-0146498**

**Certificate of Status Desired: No**

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

BRIANAS, JAMES G PHD  
3552 BLUEBELL LANE  
HOLIDAY, FL 34691 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: JAMES G. BRIANAS**

**01/18/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name BRIANAS, JAMES G PH.D.  
Address 3552 BLUEBELL LANE  
City-State-Zip: HOLIDAY FL 34691

Title VP1  
Name HALKOS, MICHAEL BA  
Address 170 SOMERSET ROAD  
City-State-Zip: STEVENSVILLE MD 21666

Title VP2  
Name CHIRIGOTIS, JEANNETTE BA  
Address 610 MARIONETH DRIVE, NE  
City-State-Zip: FT. WALTON BEACH FL 32547

Title SEC  
Name SYSYN, OLGA PAPPACOSTAS  
Address 1B BELGIUM COURT  
City-State-Zip: GOFFSTOWN NH 03045

Title TREA  
Name BRIANAS, JONATHAN T MBA  
Address 15 1/2 HILL STREET  
City-State-Zip: ANNAPOLIS MD 21401

Title ADVB  
Name LARDIS, ALEXANDER E BS  
Address 1085 CARRIAGE HILL PKWY  
City-State-Zip: ANNAPOLIS MD 21401

*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: JAMES G. BRIANAS**

**PRESIDENT**

**01/18/2021**

Electronic Signature of Signing Officer/Director Detail

Date