

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001201

Entity Name: THE ACHILLES FOUNDATION, INC.

Current Principal Place of Business:

19 NIAGARA FALLS CIRCLE
ORMOND BEACH, FL 32174

Current Mailing Address:

19 NIAGARA FALLS CIRCLE
ORMOND BEACH, FL 32174

FEI Number: 80-0146498

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRIANAS, JAMES GPHD
19 NIAGARA FALLS CIRCLE
ORMOND BEACH, FL 32174 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 PRES
Name BRIANAS, JAMES G PH.D.
Address 19 NIAGARA FALLS CIRCLE
City-State-Zip: ORMOND BEACH FL 32174

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

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

Title SEC
Name NICHOLS, ANDREW G PH.D.
Address 8028 SW 53RD PLACE
City-State-Zip: GAINESVILLE FL 32608

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

04/13/2013

Electronic Signature of Signing Officer/Director Detail

Date