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: TERRI LYNN BREAREY

Electronic Signature of Signing Officer/Director Detail

NEW SMYRNA BEACH, FL 32168 US

FEI Number: 26-2550073

DOCUMENT# N0800002312

NEW SMYRNA BEACH, FL 32168

Current Mailing Address: 14 CUNNINGHAM DR

Current Principal Place of Business:

FOUNDATION, INC.

14 CUNNINGHAM DR

Name and Address of Current Registered Agent:

LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117 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

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: INFANT & CHILDREN SLEEP APNEA AWARENESS

Officer/Director Detail :

Title	P/D	Title	VP/D					
Name	BREAREY, TERRI LYNN	Name	BREAREY, PETE					
Address	14 CUNNINGHAM DR	Address	14 CUNNINGHAM DR					
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32168					
Title	S/D							
Neme								
Name	MCCRARY, MICHELLE							
Address	14 CUNNINGHAM DR							
Address	14 CUNNINGHAM DR	Address	14 CUNNINGHAM DR					

Certificate of Status Desired: No

FILED Apr 26, 2018 Secretary of State CC5480340849

04/26/2018

Date

P/D