

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002312

Entity Name: INFANT & CHILDREN SLEEP APNEA AWARENESS
FOUNDATION, INC.

FILED
Apr 17, 2021
Secretary of State
8797708239CC

Current Principal Place of Business:

2415 GLENSIDE DR
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

PO BOX 1500
NEW SMYRNA BEACH, FL 32170 US

FEI Number: 26-2550073

Certificate of Status Desired: No

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

Date

Officer/Director Detail :

Title P/D
Name BREAREY, TERRI LYNN
Address PO BOX 1500
City-State-Zip: NEW SMYRNA BEACH FL 32170

Title VP/D
Name BREAREY, PETE
Address PO BOX 1500
City-State-Zip: NEW SMYRNA BEACH FL 32170

Title S/D
Name MCCRARY, MICHELLE
Address PO BOX 1500
City-State-Zip: NEW SMYRNA BEACH FL 32170

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

P/D

04/17/2021

Electronic Signature of Signing Officer/Director Detail

Date