

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002312

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

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC6515036248**

**Current Principal Place of Business:**

14 CUNNINGHAM DR  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

14 CUNNINGHAM DR  
NEW SMYRNA BEACH, FL 32168 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 14 CUNNINGHAM DR  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VP/D  
Name BREAREY, PETE  
Address 14 CUNNINGHAM DR  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title S/D  
Name MCCRARY, MICHELLE  
Address 14 CUNNINGHAM DR  
City-State-Zip: NEW SMYRNA BEACH FL 32168

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**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date