

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008751

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC1826731538**

**Entity Name:** THE HERBERT KAY PARKINSON CHAPTER INC.

**Current Principal Place of Business:**

19955 NE 38TH COURT, #1103  
AVENTURA, FL 33180

**Current Mailing Address:**

P. O. BOX 801733  
MIAMI, FL 33280 US

**FEI Number: 11-3840788**

**Certificate of Status Desired: No**

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

MARSA, WILLIAM  
19955 NE 29TH COURT, #1103  
AVENTURA, FL 33180 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 EXECUTIVE DIRECTOR  
Name STEIN, JUDITH  
Address 3500 N 46TH AVE  
City-State-Zip: HOLLYWOOD FL 33021

Title SECRETARY  
Name STEIN, CAROLYN  
Address 18161 NE 31 CT  
#802  
City-State-Zip: AVENTURA FL 33160

Title VP  
Name CUMMINS, MILLARD  
Address P. O. BOX 801733  
City-State-Zip: MIAMI FL 33280

Title PRESIDENT  
Name MARSA, WILLIAM  
Address 19955 NE 38TH COURT, #1103  
City-State-Zip: AVENTURA FL 33180

Title TREASURER  
Name SLEWETT, ALAN  
Address P. O. BOX 801733  
City-State-Zip: MIAMI FL 33280

*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: MARSA , WILLIAM**

**PRESIDENT**

**04/27/2018**

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

\_\_\_\_\_  
Date