

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

DOCUMENT# N11000004370

**FILED  
Mar 06, 2015  
Secretary of State  
CC4212044495**

**Entity Name:** THE FOCUS FOUNDATION, INC.

**Current Principal Place of Business:**

SUNRISE CORPORATE PLAZA ONE  
1300 SAWGRASS CORPORATE PARKWAY, SUITE300  
SUNRISE, FL 33323-2804

**Current Mailing Address:**

PO BOX 451479  
SUNRISE, FL 33345-1479

**FEI Number: 20-8541819**

**Certificate of Status Desired: No**

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

GALLOWAY, AMY J  
1401 EAST BROWARD BLVD.  
SUITE 206  
FORT LAUDERDALE, FL 33301 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 D  
Name BULLINGTON, DOUGLAS W  
Address 1300 SAWGRASS CORPORATE  
PARKWAY, SUITE 300  
City-State-Zip: SUNRISE FL 33323-2804

Title D  
Name TROMER, KEVIN M  
Address 1300 SAWGRASS CORPORATE  
PARKWAY, SUITE 300  
City-State-Zip: SUNRISE FL 33323-2804

Title D  
Name TERZER, RONALD S  
Address 1300 SAWGRASS CORPORATE  
PARKWAY  
SUITE 300  
City-State-Zip: SUNRISE FL 33323-2804

Title D  
Name BRUNSON, NANETTE D  
Address 1300 SAWGRASS CORPORATE  
PARKWAY  
SUITE 300  
City-State-Zip: SUNRISE FL 33323-2804

Title D  
Name ROGAN, THOMAS B SR.  
Address 1300 SAWGRASS CORPORATE  
PARKWAY #300  
City-State-Zip: SUNRISE FL 33323-2824

*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: RONALD TERZER**

**SECRETARY**

**03/06/2015**

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

\_\_\_\_\_  
Date