

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011812

**FILED**  
**Mar 12, 2014**  
**Secretary of State**  
**CC3795947002**

**Entity Name:** RECEPTIONS FOR RESEARCH - THE GREG OLSEN FOUNDATION, INC.

**Current Principal Place of Business:**

1801 S. FEDERAL HWY,  
2ND FLOOR  
BOCA RATON, FL 33432

**Current Mailing Address:**

1801 S. FEDERAL HWY,  
2ND FLOOR  
BOCA RATON, FL 33432 US

**FEI Number: 27-0843891**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 OLSEN, GREG  
Address 23 ALAFAYA WOODS BLVD. # 331  
City-State-Zip: OVIEDO FL 32765

Title D  
Name OLSEN, KARA  
Address 23 ALAFAYA WOODS BLVD. # 331  
City-State-Zip: OVIEDO FL 32765

Title D  
Name PORTER, DOUG  
Address 23 ALAFAYA WOODS BLVD. # 331  
City-State-Zip: OVIEDO FL 32765

Title D  
Name MELMAN, RJ  
Address 23 ALAFAYA WOODS BLVD. # 331  
City-State-Zip: OVIEDO FL 32765

Title D  
Name LUDWIG, JEFF  
Address 23 ALAFAYA WOODS BLVD. # 331  
City-State-Zip: OVIEDO FL 32765

Title D  
Name CHAMBERLAIN, JASON  
Address 23 ALAFAYA WOODS BLVD. # 331  
City-State-Zip: OVIEDO FL 32765

Title D  
Name HARRIS, JON  
Address 1801 S. FEDERAL HWY,  
2ND FLOOR  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name WARM, ED  
Address 1801 S. FEDERAL HWY,  
2ND FLOOR  
City-State-Zip: BOCA RATON FL 33432

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*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: DOOLEY , DEBORAH**

**BY: MONICA GONZALEZ 03/12/2014**  
**ATTORNEY IN FACT**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title EXECUTIVE DIRECTOR  
Name OLSEN, CHRIS  
Address 1801 S. FEDERAL HWY,  
2ND FLOOR  
City-State-Zip: BOCA RATON FL 33432

Title CONTROLLER  
Name DOOLEY, DEBORAH  
Address 1801 S. FEDERAL HWY,  
2ND FLOOR  
City-State-Zip: BOCA RATON FL 33432