

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006330

Entity Name: ALEXANDRIAN FORUM, INC.**Current Principal Place of Business:**2708 NE 30TH STREET
FORT LAUDERDALE, FL 33306**Current Mailing Address:**PO BOX 39845
FORT LAUDERDALE, FL 33339 US**FEI Number:** 45-5585146**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL R. ALFIERI, P.L.
5114 NW 57 DRIVE
CORAL SPRINGS, FL 33067 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	DIRECTOR, PRESIDENT
Name	GAGE, WARREN A
Address	PO BOX 39845
City-State-Zip:	FORT LAUDERDALE FL 33339

Title	TREASURER, SECRETARY, DIRECTOR
Name	GAGE, LEAH G
Address	PO BOX 39845
City-State-Zip:	FORT LAUDERDALE FL 33339

Title	DIRECTOR
Name	DAVELL, WILLIAM
Address	PO BOX 39845
City-State-Zip:	FORT LAUDERDALE FL 33339

Title	DIRECTOR, CHAIRMAN
Name	KASTENSMIDT, SAMUEL
Address	PO BOX 39845
City-State-Zip:	FORT LAUDERDALE FL 33339

Title	DIRECTOR
Name	PADRON, HECTOR
Address	PO BOX 39845
City-State-Zip:	FORT LAUDERDALE FL 33339

Title	DIRECTOR
Name	ARMSTRONG, ZACHARY
Address	PO BOX 39845
City-State-Zip:	FORT LAUDERDALE FL 33339

Title	DIRECTOR
Name	CRITCH, MICHAEL
Address	PO BOX 39845
City-State-Zip:	FORT LAUDERDALE FL 33339

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: LEAH GAGE**SECRETARY****01/22/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date