## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011476

Entity Name: RHEUMATOID ARTHRITIS FOUNDATION, HELP FIGHT RA, INC.

**FILED** Apr 24, 2019 **Secretary of State** 8084228831CC

## **Current Principal Place of Business:**

8815 CONROY-WINDERMERE RD.

SUITE 309

ORLANDO, FL 32835

## **Current Mailing Address:**

8815 CONROY-WINDERMERE RD.

**SUITE 309** 

ORLANDO, FL 32835 US

FEI Number: 46-1540546 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 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:

City-State-Zip:

Name

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

**PRESIDENT** Title Title **TREASURER** 

BUCHHOLZ, MARC MAGEE, GLYNNE Name Name

8815 CONROY-WINDERMERE RD. Address Address 8815 CONROY-WINDERMERE RD.

Name

City-State-Zip:

ORLANDO FL 32804

SUITE 309 SUITE 309

ORLANDO FL 32835 ORLANDO FL 32835 City-State-Zip: City-State-Zip:

Title CEO Title **DIRECTOR** 

**BUCHHOLZ, SANDRA** SLADEK, GARY DR. Name

8815 CONROY-WINDERMERE RD. 2501 N. ORANGE AVE. Address Address

SUITE 309 SUITE 550

ORLANDO FL 32835

MAHAVIR, NICK DR.

Title **DIRECTOR** 

1140 KELTON AVE. Address

SUITE 3

OCOEE FL 34761 City-State-Zip:

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.

04/24/2019 SIGNATURE: MARC BUCHHOLZ **PRESIDENT**