

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004112

Entity Name: SAMARITANS 365 FOUNDATION, INC.**Current Principal Place of Business:**20423 SR7
SUITE F6-268
BOCA RATON, FL 33498**Current Mailing Address:**20423 SR7
SUITE F6-268
BOCA RATON, FL 33498 US**FEI Number:** 46-5633031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMARITANS365
20423 SR7
SUITE F6-268
BOCA RATON, FL 33498 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:** ANDREW REISS

03/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name REISS, LAURA
Address 11865 PRESERVATION LN
City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR
Name COHEN, MELISSA ORLEN ESQ.
Address 11749 WATERCREST LN.
City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR
Name HARMAN, ALLYSON
Address 9217 BOCA GARDENS CIR S
 UNIT B
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name SIEGEL, JILL
Address 8603 DREAM FALLS ST.
City-State-Zip: BOCA RATON FL 33496

Title TREASURER
Name REISS, ANDREW
Address 11865 PRESERVATION LANE
City-State-Zip: BOCA RATON FL 33498

Title VP
Name GELLEN, KARIN
Address 2430 NW 26TH CIRCLE
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name BALLA, DIDO
Address 23358 SW 55TH AVE, UNIT A
City-State-Zip: BOCA RATON FL 33433

Title SECRETARY
Name RIOPELLE, LAURIE
Address 999 SW 4TH STREET
City-State-Zip: BOCA RATON FL 33486

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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: KARIN GELLEN

EXECUTIVE DIRECTOR

03/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HIMMELRICH, SHELLY
Address 1304 N. OCEAN BOULEVARD
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR
Name BACCHUS, ANTHONY
Address 3486 GALETI STREET
City-State-Zip: PORT ST. LUCIE FL 34953

Title DIRECTOR
Name MARANGOS, FRANK
Address 6934 GREAT FALLS CIRCLE
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name FAERMAN, SUMMER
Address 1495 SW 13TH STREET
City-State-Zip: BOCA RATON FL 33486