2024 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 02/21/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title PRESIDENT, SECRETARY, DIRECTOR

Name REISS, LAURA Name REISS, ANDREW

11865 PRESERVATION LN 11865 PRESERVATION LANE Address Address City-State-Zip: BOCA RATON FL 33498 City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR Title DIRECTOR

Name GELLEN, KARIN COHEN, MELISSA ORLEN ESQ. Name

Address 2430 NW 26TH CIRCLE Address 11749 WATERCREST LN. City-State-Zip: BOCA RATON FL 33431

City-State-Zip: BOCA RATON FL 33498

Title **DIRECTOR** DIRECTOR Title Name BALLA, DIDO Name HARMAN, ALLYSON

Address 23358 SW 55TH AVE, UNIT A Address 9217 BOCA GARDENS CIR S

> **UNIT B** City-State-Zip: BOCA RATON FL 33433

BOCA RATON FL 33496 City-State-Zip:

Title TREASURER, DIRECTOR Title **DIRECTOR** Name MARANGOS, FRANK

SIEGEL, JILL Name 6934 GREAT FALLS CIRCLE Address

8603 DREAM FALLS ST. Address BOYNTON BEACH FL 33437 City-State-Zip:

City-State-Zip: BOCA RATON FL 33496

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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.

02/21/2024 SIGNATURE: KARIN LEVY GELLEN EXECUTIVE DIRECTOR

FILED Feb 21, 2024

Secretary of State

2423196411CC

Officer/Director Detail Continued:

Title DIRECTOR Title VP, DIRECTOR

NameBACCHUS, ANTHONYNameFAERMAN, SUMMERAddress3486 GALETI STREETAddress1495 SW 13TH STREET

City-State-Zip: PORT ST. LUCIE FL 34953 City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR

Name EIDENBERG, JOSH

Address 2038 ALTA MEADOWS LANE #1205

City-State-Zip: DELRAY BEACH FL 33444