

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007557

Entity Name: DENGUE RESEARCH FOUNDATION, INC.**Current Principal Place of Business:**7350 FUTURES DRIVE, SUITE 9A
ORLANDO, FL 32819**Current Mailing Address:**7350 FUTURES DRIVE, SUITE 9A
ORLANDO, FL 32819 US**FEI Number:** 47-1814330**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NOVEMBER, JOHN
647 BEACH AVENUE
ATLANTIC BEACH, FL 32233 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	CHAIRMAN
Name	MADDERN, GEOFFREY
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

Title	TREASURER
Name	MADDERN, BRUCE
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

Title	SECRETARY
Name	LAL, MILAN
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	HERNANDEZ, LUIS
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	NOVEMBER, JOHN
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	FONES, DON
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	HORN, RANDALL
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

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: GEOFFREY MADDERN**EXECUTIVE DIRECTOR****04/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date