

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000007265

**Entity Name:** SOARING BUTTERFLIES FOR TURNER SYNDROME, INC.

**Current Principal Place of Business:**

12751 SW 56TH STREET  
SOUTHWEST RANCHES, FL 33330

**Current Mailing Address:**

12751 SW 56TH STREET  
SOUTHWEST RANCHES, FL 33330 US

**FEI Number:** 47-4887833

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HAY, DARLENE  
12751 SW 56TH STREET  
SOUTHWEST RANCHES, FL 33330 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 SCTY  
Name DEMARZO, JEANNIE  
Address 8971 NW 13 COURT  
City-State-Zip: CORAL SPRINGS FL 33071

Title FP  
Name HAY, DARLENE  
Address 12751 SW 56TH STREET  
City-State-Zip: SOUTHWEST RANCHES FL 33330

Title FVP  
Name WOODS, VERONICA  
Address 2108 S CYPRESS BEND DRIVE APT  
108  
City-State-Zip: POMPANO BEACH FL 33069

*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:** DARLENE HAY

**PRESIDENT**

**02/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date