

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004151

Entity Name: THE IRITIS FOUNDATION, INC**Current Principal Place of Business:**5800 49TH STREET NORTH
SUITE 108
ST PETERSBURG, FL 33709**Current Mailing Address:**303 MAIN STREET
764
SAFETY HARBOR, FL 34695**FEI Number:** 81-2960929**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEVY-CLARKE, GRACE A DR
5800 49TH STREET NORTH
SUITE 108
ST PETERSBURG, FL 33709 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 P, D
Name LEVY-CLARKE, GRACE A DR
Address 5800 49TH STREET NORTH
City-State-Zip: ST PETERSBURG FL 33709

Title VP, D
Name LEONARD, VEE
Address 5800 49TH STREET NORTH
SUITE 108
City-State-Zip: ST PETERSBURG FL 33709

Title T, D
Name HOFSTETTER, JOHN II
Address 5800 49TH STREET NORTH
SUITE 108
City-State-Zip: ST PETERSBURG FL 33709

Title S
Name CARTER, LINDSAY
Address 5800 49TH STREET NORTH
SUITE 108
City-State-Zip: ST PETERSBURG FL 33709

Title D
Name BOYLE, SCOTT C
Address 5800 49TH STREET NORTH
SUITE 108
City-State-Zip: ST PETERSBURG FL 33709

Title D
Name TESSLER, HOWARD DR.
Address 5800 49TH STREET NORTH
SUITE 108
City-State-Zip: ST PETERSBURG FL 33709

Title D
Name BROWN, ROY
Address 5800 49TH STREET NORTH
SUITE 108
City-State-Zip: ST PETERSBURG FL 33709

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: GRACE A. LEVY-CLARKE**PRESIDENT****04/02/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date