

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010742

**FILED**  
**Mar 18, 2019**  
**Secretary of State**  
**4254013112CC**

**Entity Name:** SANDY HOOK PROMISE FOUNDATION, INC.

**Current Principal Place of Business:**

13 CHURCH HILL RD  
NEWTOWN, CT 06470

**Current Mailing Address:**

PO BOX 3489  
NEWTOWN, CT 06470 US

**FEI Number:** 46-1657101

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 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 MANAGING DIRECTOR, DIRECTOR  
Name HOCKLEY, NICOLE  
Address 13 CHURCH HILL RD  
City-State-Zip: NEWTOWN CT 06470

Title MANAGING DIRECTOR, DIRECTOR  
Name BARDEN, MARK  
Address 13 CHURCH HILL RD  
City-State-Zip: NEWTOWN CT 06470

Title MANAGING DIRECTOR, DIRECTOR,  
EX-OFFICIO  
Name MAKRIS, TIM  
Address 13 CHURCH HILL RD  
City-State-Zip: NEWTOWN CT 06470

Title DIRECTOR  
Name BARDEN, JACKIE  
Address 13 CHURCH HILL RD  
City-State-Zip: NEWTOWN CT 06470

Title SECRETARY  
Name BENNETT, MATT  
Address 13 CHURCH HILL RD  
City-State-Zip: NEWTOWN CT 06470

Title TREASURER  
Name CASSIDY, JOE  
Address 13 CHURCH HILL RD  
City-State-Zip: NEWTOWN CT 06470

Title DIRECTOR  
Name HOCKLEY, IAN  
Address 13 CHURCH HILL RD  
City-State-Zip: NEWTOWN CT 06470

Title DIRECTOR  
Name MYLES, BRADLEY  
Address 13 CHURCH HILL RD  
City-State-Zip: NEWTOWN CT 06470

**Continues on page 2**

*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:** DAVID CONRAD

**CFO**

**03/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VC  
Name SHERLACH, BILL  
Address 13 CHURCH HILL RD  
City-State-Zip: NEWTOWN CT 06470

Title CHAIRMAN  
Name WILLNER, PETER  
Address 13 CHURCH HILL RD  
City-State-Zip: NEWTOWN CT 06470

Title CFO  
Name CONRAD, DAVID  
Address 13 CHURCH HILL RD  
City-State-Zip: NEWTOWN CT 06470