

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007782

**FILED**  
**Apr 29, 2018**  
**Secretary of State**  
**CC8544707242**

**Entity Name:** ZACH MARTIN MEMORIAL FOUNDATION AND HEAT STROKE PREVENTION INC.

**Current Principal Place of Business:**

13232 HAMPTON PARK COURT  
FORT MYERS, FL 33913

**Current Mailing Address:**

13232 HAMPTON PARK COURT  
FORT MYERS, FL 33913

**FEI Number: 82-2318571**

**Certificate of Status Desired: Yes**

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

GIORDANO, LAURIE  
13232 HAMPTON PARK COURT  
FORT MYERS, FL 33913 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 PD  
Name GIORDANO, LAURIE  
Address 13232 HAMPTON PARK COURT  
City-State-Zip: FORT MYERS FL 33913

Title TD  
Name GIORDANO, EDWARD  
Address 13232 HAMPTON PARK COURT  
City-State-Zip: FORT MYERS FL 33913

Title S  
Name MARTIN, VANESSA  
Address 13232 HAMPTON PARK COURT  
City-State-Zip: FORT MYERS FL 33913

Title D  
Name JOHNSON, KATHLEEN  
Address 13232 HAMPTON PARK COURT  
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR  
Name REDD, TRACEY  
Address 13237 HAMPTON PARK COURT  
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR  
Name TARA , CURRAN  
Address 8283 CALOOSA ROAD  
City-State-Zip: FORT MYERS FL 33967

*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: LAURIE GIORDANO**

**PRESIDENT**

**04/29/2018**

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

\_\_\_\_\_  
Date