

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000012316

**FILED**  
**Mar 17, 2021**  
**Secretary of State**  
**8667767244CC**

**Entity Name:** A MELONE HENNESSY FOUNDATION INC.

**Current Principal Place of Business:**

3012 63RD STREET SOUTH WEST  
NAPLES, FL 34105

**Current Mailing Address:**

3012 63RD STREET SOUTH WEST  
NAPLES, FL 34105

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

MELONE, TERESE  
3012 63RD STREET SOUTH WEST  
NAPLES, FL 34105 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            DIR  
Name            GLOG MILLER, SARAH  
Address        3012 63RD STREET SOUTH WEST  
City-State-Zip: NAPLES FL 34105

Title            DIR  
Name            HENNESSY, EILEEN  
Address        220 KIRTLAND DRIVE  
City-State-Zip: NAPLES FL 34110

Title            DIR  
Name            VASQUEZ, AILEEN  
Address        2300 CAPE HEATHER CIRCLE  
City-State-Zip: CAPE CORAL FL 33991

Title            DIR  
Name            MILLER, CRAIG  
Address        4556 ANDOVER WAY UNIT E304  
City-State-Zip: NAPLES FL 34112

*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:** SARAH A GLOG MILLER

**DIRECTOR**

**03/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date