

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000000300

**Entity Name:** NEUROACANTHOCYTOSIS ADVOCACY USA, INC.

**Current Principal Place of Business:**

2285 HARLOCK RD  
MELBOURNE, FL 32934

**Current Mailing Address:**

2285 HARLOCK RD  
MELBOURNE, FL 32934 US

**FEI Number: 84-3711526**

**Certificate of Status Desired: No**

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

WILLARD-WILLIFORD, JOYCE  
2285 HARLOCK RD  
MELBOURNE, FL 32934 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  
Name WAGNER, SUSAN  
Address 14A EDGE CT  
City-State-Zip: GREENVILLE SC 29609

Title VPST  
Name WILLARD-WILLIFORD, JOYCE  
Address 2285 HARLOCK RD  
City-State-Zip: MELBOURNE FL 32934

Title D  
Name WALKER, RUTH  
Address 17 COURTNEY AVE  
City-State-Zip: NEWBURGH NY 12550

Title D  
Name METZGER, ROBERT  
Address 1431 WASHBURN AVE N  
City-State-Zip: MINNEAPOLIS MN 55411

Title D  
Name GINGER, IRVINE  
Address 39 COLEHERNE CT  
THE LITTLE BOLTONS  
City-State-Zip: LONDON, ENGLAND OC

*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: JOYCE WILLARD-WILLIFORD**

**VPST**

**03/29/2020**

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

\_\_\_\_\_  
Date