

2024 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 VP
Name WAGNER, SUSAN
Address 14A EDGE CT
City-State-Zip: GREENVILLE SC 29609

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

Title D
Name WALKER, RUTH DR.
Address 11 REGA ROAD
City-State-Zip: FISHKILL NY 12524-2702

Title TREASURER
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

Title SECRETARY
Name KERNER, JULIE A. PHD
Address 60 LURA LANE
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name DITZEL, RICKY M. JR.
Address 922 W WASHINGTON BLVD.
APT 716
City-State-Zip: CHICAGO IL 60607

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

PRESIDENT

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date