

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000014324

Entity Name: GAGNE-COTO EPILEPSY TREATMENT FOUNDATION, INC.

Current Principal Place of Business:

4299 WOODLAND RETREAT BLVD
TRINITY, FL 34655

Current Mailing Address:

4299 WOODLAND RETREAT BLVD
TRINITY, FL 34655

FEI Number: 85-4258979

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COTO, LYNDAL
4299 WOODLAND RETREAT BLVD
TRINITY, FL 34655 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 COTO, LYNDAL
Address 4299 WOODLAND RETREAT BLVD
City-State-Zip: TRINITY FL 34655

Title VP
Name COTO, DANIEL
Address 4299 WOODLAND RETREAT BLVD
City-State-Zip: TRINITY FL 34655

Title S
Name NAMMUR, SARAI
Address 6175 NW 153RD STREET
City-State-Zip: MIAMI LAKES FL 33014

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: LYNDAL LOUISE COTO

PRESIDENT/FOUNDER

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date