

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46695

Entity Name: ANGELMAN SYNDROME FOUNDATION, INC.

FILED
Mar 08, 2024
Secretary of State
8844774805CC

Current Principal Place of Business:

3015 E NEW YORK ST
STE A2 285
AURORA, IL 60504

Current Mailing Address:

3015 E NEW YORK ST
STE A2 285
AURORA, IL 60504 US

FEI Number: 59-3092842

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 TREASURER
Name CECERE, MICHAEL
Address 31 GILFEATHER LN
City-State-Zip: KINGSTON MA 02364

Title DIRECTOR
Name BLANDING, ANNA
Address 274 DAVIS ST
City-State-Zip: HAMDEN CT 06517

Title PRESIDENT
Name ROONEY, KYLE
Address 2413 INDIAN RD W
City-State-Zip: MINNETONKA MN 55305

Title DIRECTOR
Name WRIGHT, ERIC
Address 1226 SUMMIT AVE
City-State-Zip: LOUISVILLE KY 40204

Title DIRECTOR
Name LAMB, JIM
Address 53 RIDGEWOOD DR
City-State-Zip: STOW MA 01775

Title DIRECTOR
Name RAVELLETTE, SUSAN
Address 3436 CARLETON ST
City-State-Zip: SAN DIEGO CA 92106

Title CEO, PRESIDENT
Name MOORE, AMANDA
Address 11770 SAND CREEK BLVD
City-State-Zip: FISHERS IN 46037

Title SECRETARY
Name ENGLAND, PETER
Address 2905 RIVERGROVE CT
City-State-Zip: FORT WORTH TX 76116

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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: AMANDA MOORE

PRESIDENT

03/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOYER, SHANNON
Address 63 COLLEEN CIR
City-State-Zip: DOWNINGTON PA 19335

Title DIRECTOR
Name OBERWAGER, ANDREW
Address 90 GARIBALDI LN
City-State-Zip: NEW CANAAN CT 06840

Title DIRECTOR
Name SUGDEN, JOHN
Address 201 CRANDON BLVD
SUITE 111
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name BURDINE, REBECCA
Address 167 HARTLEY AVE
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR
Name MCBRIDE, MINDY
Address 14142 ABBEYFIELD AVE
City-State-Zip: ROSEMOUNT MN 55068

Title DIRECTOR
Name ROUTH, DAVID
Address 205 N BOUNDARY ST
City-State-Zip: CHAPEL HILL NC 27514

Title DIRECTOR
Name WINSLOW, CHARLES III
Address 14780 WALCOTT AVE
City-State-Zip: ORLANDO FL 32827