

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

DOCUMENT# N46695

**Entity Name:** ANGELMAN SYNDROME FOUNDATION, INC.

**FILED**  
**Feb 16, 2021**  
**Secretary of State**  
**3325064057CC**

**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:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 SECRETARY  
Name BOUSUM, TIMOTHY  
Address 43 WASHINGTON ST  
City-State-Zip: IPSWICH MA 01938

Title PRESIDENT  
Name ROKITA, KATHY ROKITA  
Address 10849 FOREST LAKE CT  
City-State-Zip: INDIANAPOLIS IN 46278

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 DIRECTOR  
Name CHAMBERLAIN, STORMY  
Address R1159 CB6403 400 FARMINGTON AVE  
City-State-Zip: FARMINGTON CT 03060-6403

Title DIRECTOR  
Name KUBICZA, JIM  
Address 1191 LONG HILL RD  
City-State-Zip: CHESHIRE CT 06410

Title VP  
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

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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**

**CEO**

**02/16/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name MCCALLISTER, LESLEY  
Address 1520 KNOB RD  
City-State-Zip: CHARLESTON WV 25314

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

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

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

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

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