

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001627

Entity Name: CREUTZFELDT-JAKOB DISEASE FOUNDATION, INC.**Current Principal Place of Business:**341 WEST 38TH STREET,SUITE 501
NEW YORK, NY 10018**Current Mailing Address:**341 WEST 38TH STREET
SUITE 501
NEW YORK, NY 10018 US**FEI Number:** 65-0404623**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	LICHTER, MAYRA
Address	1933 NE. 119TH RD. 44223
City-State-Zip:	N. MIAMI FL 33181

Title	T
Name	GEORGE, RUTHIE
Address	4804 STONEGATE BLVD.
City-State-Zip:	AKRON OH 44333

Title	PRESIDENT
Name	YOBBS, DEBBIE
Address	160 W 66TH STREET, APT. 30H
City-State-Zip:	NEW YORK NY 10023

Title	SECRETARY
Name	CASH, CHUCK MR.
Address	341 WEST 38TH STREET SUITE 501
City-State-Zip:	NEW YORK NY 10018

Title	D
Name	GAMBETTI, PIERLUIGI DR.
Address	PO BOX 5312
City-State-Zip:	AKRON OH 44334

Title	COB
Name	GOLDFARB, MARK
Address	3546 ROBERT BURNS DRIVE
City-State-Zip:	RICHFIELD OH 44286

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: RUTHIE GEORGE**TREASURER****02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date