

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N95000000483

**Entity Name:** ALPHA-1 FOUNDATION, INC.

**Current Principal Place of Business:**

3300 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3300 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0585415

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DELVAUX, MARK B  
3300 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 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:** MARK B DELVAUX

06/15/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            O'DAY, MIRIAM  
Address        3300 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title            IMMEDIATE PAST CHAIR, DIRECTOR  
Name            CADWGAN, GORDON  
Address        7731 BLUE HERON WAY  
City-State-Zip: WEST PALM BEACH FL 33412

Title            CHAIRMAN, DIRECTOR  
Name            D'ARMIENTO, JEANINE M  
Address        630 WEST 168TH STREET  
                  P&S 9-449  
City-State-Zip: NEW YORK NY 10032

Title            DIRECTOR  
Name            ZAMORA, MARTIN R  
Address        1635 AURORA COURT, ROOM 7082  
                  MAIL STOP F749  
City-State-Zip: AURORA CO 80045

Title            VC, DIRECTOR  
Name            JOHNSON, ELIZABETH  
Address        18 EUCLID AVENUE  
City-State-Zip: WINCHESTER MA 01890

Title            DIRECTOR  
Name            CLARK, VIRGINIA  
Address        UNIVERSITY OF FLORIDA COLLEGE  
                  OF MEDICINE  
                  BOX 100214, ROOM M-440  
City-State-Zip: GAINESVILLE FL 32610

Title            SECRETARY, DIRECTOR  
Name            JOPP, JENNIFER  
Address        24149 SKYLARK DRIVE, NE  
City-State-Zip: EAST BETHEL MN 55005

Title            DIRECTOR  
Name            STOLLER, JAMES K  
Address        CLEVELAND CLINIC COLLEGE OF  
                  MEDICINE  
                  9500 EUCLID AVE.  
City-State-Zip: CLEVELAND OH 44195

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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:** MARK DELVAUX

VP, CFO

06/15/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCELVANEY, NOEL GERARD  
Address ROYAL COLLEGE OF SURGEONS  
BEAUMONT HOSPITAL  
City-State-Zip: DUBLIN 9

Title DIRECTOR  
Name KNEBEL, ANN  
Address 631 W. LYNFIELD DR.  
City-State-Zip: ROCKVILLE MD 20850

Title VP, CFO  
Name DELVAUX, MARK  
Address 3300 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name IVERSON, PEGGY  
Address 5607 NW 66TH AVENUE  
City-State-Zip: JOHNSTON IA 50131

Title DIRECTOR  
Name WILLERSINN, FRANK  
Address RUE BATONNIER BRAFFORT 58  
City-State-Zip: BRUSSELS 1200

Title TREASURER, DIRECTOR  
Name WALSH, FRED  
Address 70 HUMPHREYS LANE  
City-State-Zip: DUXBURY MA 02332

Title DIRECTOR  
Name IRVINE, KENNETH  
Address 147 CAT ROCK ROAD  
City-State-Zip: COS COB CT 06807