### 2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 833175** 

Entity Name: AMERICAN ASSOCIATION OF KIDNEY PATIENTS, INC.

FILED
Jan 12, 2024
Secretary of State
1361954882CC

# **Current Principal Place of Business:**

14440 BRUCE B. DOWNS BOULEVARD

TAMPA, FL 33613

## **Current Mailing Address:**

14440 BRUCE B. DOWNS BOULEVARD TAMPA, FL 33613 US

FEI Number: 11-2306416 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

CLYNES, DIANA 14440 BRUCE B. DOWNS BLVD TAMPA FL 33613 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: DIANA CLYNES 01/12/2024

Electronic Signature of Registered Agent Date

Title

Officer/Director Detail:

Title PAST PRESIDENT Title CHAIR OF POLICY AND GLOBAL

Name KNIGHT, RICHARD AFFAIRS

Address 16010 EXCALIBUR RD APT. D320 Name CONWAY, PAUL T

Address 6339 CROOKED OAK LN
City-State-Zip: BOWIE MD 20716

City-State-Zip: FALLS CHURCH VA 22042

Title TREASURER

Name RUFF, SUZANNE Name SCHMIDET, LANA MBA

Address 126 ALDER SPRINGS LANE
Address 1636 N 703RD LANE
City-State-Zip: MOORESVILLE NC 28117

ty-state-zip: MOOKESVIELE No 28117 City-State-Zip: LIBERTY IL 62347

Title EXECUTIVE DIRECTOR Title DIRECTOR OF OFFICE OPERATIONS

Name CLYNES, DIANA Name GONZALEZ, VALERIE M

Address 14440 BRUCE B DOWNS BLVD Address 14440 BRUCE B. DOWNS BLVD

City-State-Zip: TAMPA FL 33613 City-State-Zip: TAMPA FL 33613

Title BOARD OF DIRECTOR Title PRESIDENT

Name BRESSLER, KENT Name HICKEY, EDWARD V.

Address 2107 WESTRIDGE CR. Address 912 BRIGHTSTONE COURT

City-State-Zip: KERRVILLE TX 78028 City-State-Zip: WESTLAKE VILLAGE CA 91361

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**BOARD OF DIRECTOR** 

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: VALERIE GONZALEZ DIRECTOR OF OFFICE 01/12/2024 OPERATIONS

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

Title BOARD OF DIRECTOR

Name LEA, JANICE MD, MSC, FASN

Address 259 EBENEZER CHURCH RD

City-State-Zip: FAYETTEVILLE GA 30215

Title BOARD OF DIRECTOR
Name RODRIQUEZ, DAVID

Address ESCALANTE APARTMENT

1540 W BITTERS RD, APT. 2532

City-State-Zip: SAN ANTONIO TX 78248

Title VP

Name JONES, JENNIFER L.
Address 9003 FARMINGTON DR.
City-State-Zip: HENRICO VA 23229

Title BOARD OF DIRECTOR
Name BARRY , SMITH H. MD, PHD

Address 1192 PARK AVE

APT.10B

City-State-Zip: NEW YORK NY 10128

Title BOARD OF DIRECTOR

Name GAGNE, GITTHALINE A

Address 9337 PANNIER RD

City-State-Zip: PITSBURGE PA 15237

Title BOARD OF DIRECTOR
Name MYERS, JAMES W. III

Address 940 KENWOOD ST. APT. 426

City-State-Zip: HAMMOND IN 46320

Title SECRETARY
Name ROGERS, DALE
Address 439 OLD FARM RD
City-State-Zip: PINEHURST IN 83850

Title BOARD OF DIRECTOR

Name SCHAEFFER, SARA E.

Address 1599 ARIZONA AVE. NE

City-State-Zip: ST. PETERSBURG FL 33703

Title BOARD OF DIRECTOR

Name CAMPBELL, CATHERINE

Address 2810 HARBORVIEW BLVD

City-State-Zip: ROWLETT TX 75088

Title BOARD OF DIRECTOR

Name HERNANDEZ, CHRISTINE A RN, BSN

Address 2226 NORTH NORDICA AVE

City-State-Zip: CHICAGO IL 60707