

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002268

FILED
Mar 21, 2019
Secretary of State
7311761274CC

Entity Name: THE ARTHRITIS FOUNDATION, INC.

Current Principal Place of Business:

1355 PEACHTREE STREET NE,
SUITE 600
ATLANTA, GA 30309

Current Mailing Address:

1355 PEACHTREE STREET NE
SUITE 600
ATLANTA, GA 30309 US

FEI Number: 58-1341679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 DIRECTOR
Name BATTLE, MARY
Address 1355 PEACHTREE STREET NE
SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name BIHL, TONY
Address 1355 PEACHTREE STREET NE,
SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name CHANG, ROWLAND
Address 1355 PEACHTREE STREET NE,
SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name DORE, ROBIN
Address 1355 PEACHTREE STREET NE,
SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name EHLING, DENNIS
Address 1355 PEACHTREE STREET NE,
SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name KAHLON, RANDEEP
Address 1355 PEACHTREE STREET NE,
SUITE 600
City-State-Zip: ATLANTA GA 30309

Title TREASURER
Name LONGOBARDI, FRANK
Address 1355 PEACHTREE STREET NE,
SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name MOONEY, MATT
Address 1355 PEACHTREE STREET NE,
SUITE 600
City-State-Zip: ATLANTA GA 30309

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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: ANN PALMER

PRESIDENT

03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name PALMER, ANN
Address 1355 PEACHTREE STREET NE,
 SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name RIZZO, ANTHONY JR.
Address 1355 PEACHTREE STREET NE,
 SUITE 600
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name PLEASANCE, DAVID
Address 1355 PEACHTREE STREET NE,
 SUITE 600
City-State-Zip: ATLANTA GA 30309

Title SECRETARY
Name STEWART, LAURIE
Address 1355 PEACHTREE STREET NE,
 SUITE 600
City-State-Zip: ATLANTA GA 30309