

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002268

FILED
May 28, 2020
Secretary of State
9726766452CC

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: NOT APPLICABLE

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 PRESIDENT/CEO
Name PALMER, ANN
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 DIRECTOR
Name PLEASANCE, DAVID
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 ASSISTANT TREASURERS
Name BASCLE, JANE
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 CHAIRMAN OF THE BOARD
Name STEWART, LAURIE
Address 1355 PEACHTREE STREET NE
 SUITE 600
City-State-Zip: ATLANTA GA 30309

Title VC
Name LONGOBARDI, FRANK
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/CEO

05/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASSISTANT SECRETARY
Name MCLOUGHLIN, DAVID
Address 1355 PEACHTREE STREET NE
SUITE 600
City-State-Zip: ATLANTA GA 30309

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

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

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

Title ASSISTANT TREASURERS
Name MCLOUGHLIN, DAVID
Address 1355 PEACHTREE STREET NE
SUITE 600
City-State-Zip: ATLANTA GA 30309

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

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