

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005076

**Entity Name:** THE BAIRFIND FOUNDATION, INC.**Current Principal Place of Business:**8777 SAN JOSE BOULEVARD  
SUITE 803  
JACKSONVILLE, FL 32217**Current Mailing Address:**8777 SAN JOSE BOULEVARD, SUITE 803  
JACKSONVILLE, FL 32217 US**FEI Number:** 27-4251428**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NULAND, CHRISTOPHER  
1000 RIVERSIDE AVENUE #115  
JACKSONVILLE, FL 32204 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 CP  
Name DEPASQUALE, JAMES  
Address 310 GRANT STREET, SUITE 1302  
GRANT BLDG.  
City-State-Zip: PITTSBURGH PA 15219

Title D  
Name ESKEN, DENNIS  
Address 3605 TRAUTMAN STREET  
City-State-Zip: MUNHALL PA 15120

Title S  
Name SEABOL, SCOTT  
Address 427 CEDAR DRIVE  
City-State-Zip: ELIZABETH PA 15037

Title D  
Name ECKELS, MARK  
Address 235 CHURCH HILL ROAD  
City-State-Zip: VENETIA PA 15367

Title VCV  
Name BLEIER, ROCKY  
Address 929 OSAGE ROAD  
City-State-Zip: PITTSBURGH PA 15243

Title D, TREASURER  
Name WEITZ, DAVID  
Address 104 CARRIAGE HILL ROAD  
City-State-Zip: GLENSHAW PA 15116

Title D  
Name ELLIS, RYAN  
Address 6120 NW ARGYLL LANE  
City-State-Zip: PORT ST LUCIE FL 34983

Title D  
Name GRINBERG, MEYER  
Address 213 ANITA AVENUE  
City-State-Zip: PITTSBURGH PA 15217

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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:** SCOTT SEABOL**SECRETARY****03/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name CAMPBELL, ANGELA  
Address 10 NEWNAN STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name LEBOWITZ, LARRY  
Address 625 LIBERTY AVENUE  
City-State-Zip: PITTSBURGH PA 15222

Title DIRECTOR  
Name MONAHAN, KEVIN  
Address 12000 ALUMNI DRIVE  
City-State-Zip: JACKSONVILLE FL 32224