

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000002713

Entity Name: CHARCOT-MARIE TOOTH ASSOCIATION, INC.

Current Principal Place of Business:

8 S GARFIELD AVE
GLENOLDEN, PA 19036

Current Mailing Address:

8 S GARFIELD AVE
GLENOLDEN, PA 19036 US

FEI Number: 22-2480896

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4 ST N STE 300
ST PETERSBURG, FL 33702 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: SAMANTHA BRINTON

02/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name GASPER, GARY J.
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title PRESIDENT
Name GRAY, AMY J.
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title SECRETARY
Name BERON, HERBERT
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title CHAIR
Name BOUCHARD, GILLES
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name CHAMBY, DAN
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name COLDIRON, DAVID
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name DUBENSKY, THOMAS
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name PASTOR, JON
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

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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: AMY J. GRAY

PRESIDENT

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FOLEY, PETE
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name O'DONNELL, STEVEN
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name OUELLETTE, CHRISTOPHER
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name SCHERER, STEVEN
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name SHY, MICHAEL
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name SANDERS, PHYLLIS
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name NORCOM, DAVID
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name KOROWITZ, ALAN
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name OUELLETTE, ELIZABETH
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name SAMI, KEVIN
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036

Title DIRECTOR
Name SVAREN, JOHN
Address 8 S GARFIELD AVE
City-State-Zip: GLENOLDEN PA 19036