

**2022 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

**FEI Number: 22-2480896**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NORTHWEST REGISTERED AGENT LLC  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

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

Title DIRECTOR OF FINANCE AND  
ADMINISTRATION  
Name MAGEE, KIMBERLY  
Address 8 S GARFIELD AVE  
City-State-Zip: GLENOLDEN PA 19036

Title CHIEF EXECUTIVE OFFICER  
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

*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**

**CHIEF EXECUTIVE  
OFFICER**

**03/16/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date