

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000005401

**Entity Name:** THE SEXAUER FOUNDATION, INC.

**Current Principal Place of Business:**

11100 SW 93RD CT. ROAD  
SUITE 10-319  
OCALA, FL 34481

**Current Mailing Address:**

11100 SW 93RD CT. ROAD  
SUITE 10-319  
OCALA, FL 34481 US

**FEI Number:** 13-6156256

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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 VP/SECRETARY/DIRECTOR  
Name CAWLEY, WESLEY G  
Address 9560 72ND STREET  
City-State-Zip: Ocala FL 34481

Title PRESIDENT//DIRECTOR  
Name HOFFMAN, EILEEN  
Address 405 EAST 14TH STREET, #5H  
City-State-Zip: NEW YORK NY 10009

Title D  
Name SILVA, GIL V  
Address 71 BROOK HILLS CIRCLE  
City-State-Zip: WHITE PLAINS NY 10605

Title D  
Name WALSH, JAMES R  
Address 3 GORHAM AVENUE  
City-State-Zip: WESTPORT CT 06880

Title VP, TREASURER, DIRECTOR  
Name ABBAMONT, THOMAS J  
Address 300 HAMILTON AVENUE  
#410  
City-State-Zip: WHITE PLAINS NY 10601-1817

*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:** EILEEN HOFFMAN

**PRESIDENT**

**04/02/2022**

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

\_\_\_\_\_  
Date