above, or on an attachment with all other like empowered.

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

# **Officer/Director Detail :**

	Title	PRESIDENT/, DIRECTOR	Title	VICE PRESIDENT/SECRETARY/DIRECTOR HOFFMAN, EILEEN	
	Name	CAWLEY, WESLEY G	Name HOFF		
	Address	9560 72ND STREET		405 EAST 14TH STREET, #5H	
	City-State-Zip:	OCALA FL 34481	City-State-Zip:	NEW YORK NY 10009	
	Title	D	City-State-Zip.	NEW FORK NT 10003	
	Name	SILVA, GIL V	Title	D	
	Address	71 BROOK HILLS CIRCLE	Name	WALSH, JAMES R	
		WHITE PLAINS NY 10605	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

VICE PRESIDENT

#### 2020 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

# Name and Address of Current Registered Agent:

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 18, 2020 Secretary of State 4485242378CC

Certificate of Status Desired: No

Date

01/18/2020 Date