

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06257

**Entity Name:** THE MARTY LYONS FOUNDATION, INC.

**Current Principal Place of Business:**

354 VETERANS MEMORIAL HIGHWAY  
SUITE 9  
COMMACK, NY 11725

**Current Mailing Address:**

354 VETERANS MEMORIAL HIGHWAY  
SUITE 9  
COMMACK, NY 11725 US

**FEI Number:** 13-3146696

**Certificate of Status Desired:** Yes

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

LYONS, RICHARD  
2013 RAVEN MANOR DRIVE  
DOVER, FL 33527 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 LYONS, MARTY  
Address C/O 354 VETERANS MEMORIAL HWY,  
STE 9  
City-State-Zip: COMMACK NY 11725

Title PRESIDENT  
Name POWERS, EDWARD  
Address C/O 354 VETERANS MEMORIAL HWY,  
STE 9  
City-State-Zip: COMMACK NY 11725

Title TREASURER  
Name DUPRE, EDWARD  
Address C/O 354 VETERANS MEMORIAL HWY,  
STE 9  
City-State-Zip: COMMACK NY 11725

Title SECRETARY  
Name DEFRANZA, JOHN  
Address C/O 354 VETERANS MEMORIAL HWY,  
STE 9  
City-State-Zip: COMMACK NY 11725

Title ED  
Name WHITE, SANDRA  
Address C/O 354 VETERANS MEMORIAL HWY,  
STE 9  
City-State-Zip: COMMACK NY 11725

*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:** SANDRA WHITE

**EXECUTIVE DIRECTOR**

**04/04/2019**

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

\_\_\_\_\_  
Date