

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N02000009302**

1. Entity Name

Chris Grady Memorial Foundation Inc.



FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 JAN 27 AM 10:03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2725 Center Place

Suite, Apt. #, etc.

3. Mailing Address

2725 Center Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Melbourne, Florida

City & State

Melbourne, Florida

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32940

Country

USA

Zip

32940

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kelly Hagan

Street Address (P.O. Box Number is Not Acceptable)

2725 Center Place

City

Melbourne

FL

Zip Code
32940

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President and Director
Judy Piersall
2725 Center Place
Melbourne, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000027655680

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President and Director
Dr. Hellen Greenblatt
2725 Center Place
Melbourne, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
Gina Bennett
2725 Center Place
Melbourne, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
Kelly Hagan
2725 Center Place
Melbourne, FL 32940

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 407879 7400864
AUTHORIZATION : *Patricia Pigute*
COST LIMIT : \$ 70.00

ORDER DATE : January 23, 2004

ORDER TIME : 4:30 PM

ORDER NO. : 407879-005

CUSTOMER NO: 7400864

CUSTOMER: Ms. Gina Bennett
Legacy For Life
2725 Center Place

Melbourne, FL 32940

ANNUAL REPORT FILING

NAME: CHRIS GRADY MEMORIAL
FOUNDATION INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DEBBIE SKIPPER

EXAMINER'S INITIALS: _____

RECEIVED
04 JAN 27 AM 10:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA