2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008345

FILED Feb 04, 2012 Secretary of State

Date

Entity Name: NICHOLAS ANDRONICOS CASSAS CHARITABLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6215 NW 53RD CIRCLE CORAL SPRINGS, FL 33067

Current Mailing Address: New Mailing Address:

6215 NW 53RD CIRCLE CORAL SPRINGS, FL 33067

FEI Number: 20-3311393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CASSAS, NICHOLAS A CHAPEKIS, GEORGE 17689 PINÉ NEEDLE TERRACE 6215 NW 53RD CIRCLE CORAL SPRINGS, FL 33067 US BOCA RATON, FL 33487

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: GEORGE CHAPEKIS

02/04/2012 Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

CASSAS, NICHOLAS A Name: Address: 6215 NW 53RD CIRCLE City-St-Zip: CORAL SPRINGS, FL 33067

Title:

Name: LYNCH, KRISTEN M Address: 8362 DYNASTY DRIVE City-St-Zip: BOCA RATON, FL 33433

Title:

LONG, THOMAS Name: Address: 1511 SW 1TH AVENUE City-St-Zip: BOCA RATON, FL 33432

Title:

Name: CHAPEKIS, GEORGE

17689 PINE NEEDLE TERRACE Address: City-St-Zip: BOCA RATON, FL 33487

Title:

CASSAS, ANDREW N Name: 1515 NORTH FEDERAL HWY Address: City-St-Zip: BOCA RATON,, FL 33431

Title:

CASSAS SWANK, STEPHANIE N Name:

Address: 1381 OAKS BLVD. NAPLES, FL 34119 City-St-Zip:

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: GEORGE CHAPEKIS D 02/04/2012