

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009499

FILED
Jan 18, 2012
Secretary of State

Entity Name: SUSAN MARIE SCLERODERMA FOUNDATION, INC

Current Principal Place of Business:

4450 LAKESIDE AVE
N FT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

4450 LAKESIDE AVE
N FT MYERS, FL 33903

New Mailing Address:

FEI Number: 26-1163759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHHOLZ, CONNIE
4450 LAKESIDE AVE
N FT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: BUCHHOLZ, CONNIE
Address: 4450 LAKESIDE AVE
City-St-Zip: N FT MYERS, FL 33903

Title: D
Name: HUSSEY, VIC
Address: 15598 WHITNEY LN
City-St-Zip: NAPLES, FL 34110

Title: D
Name: MERCIER, EMILY
Address: 5551 LUCKETT RD, LOT B62
City-St-Zip: FORT MYERS, FL 33905

Title: D
Name: FALKINBURG, NEWELL
Address: 263 CHESHIRE WAY
City-St-Zip: NAPLES, FL 34110

Title: D
Name: RASMUSSEN, CARLA
Address: 3583 EDGEWOOD RD
City-St-Zip: FORT MYERS, FL 33916

Title: D
Name: DE MELLO, TONY JR
Address: 20683 WILDCAT RUN DRIVE #102
City-St-Zip: ESTERO, FL 33928

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: CONNIE M. BUCHHOLZ

P

01/18/2012

Electronic Signature of Signing Officer or Director

Date