

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 30, 2012
Secretary of State

Entity Name: OLIVIA GRACE ARMAND FOUNDATION, INC.

Current Principal Place of Business:

5018 DULCE COURT
PALM SPRINGS GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

5018 DULCE COURT
PALM SPRINGS GARDENS, FL 33418

New Mailing Address:

FEI Number: 27-1543251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPRISE, FRANK C III
5018 DULCE COURT
PALM SPRINGS GARDENS, FL 33418 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: P
Name: ARMAND, PATRICIA A
Address: 5018 DULCE COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D
Name: PATE, JULIE A
Address: 3 KIRGAN COURT
City-St-Zip: EAST ROCKAWAY, NY 11518 US

Title: D
Name: CAPRISE, FRANK C III
Address: 5018 DULCE COURT
City-St-Zip: PALM SPRINGS GARDENS, FL 33418 US

Title: S
Name: CAPRISE, SUZANNE K
Address: 5018 DULCE COURT
City-St-Zip: PALM SPRINGS GARDENS, FL 33418 US

Title: D
Name: SALZBERG, LISA F
Address: 72 CAROLINA AVENUE
City-St-Zip: ISLAND PARK, NY 11558 US

Title: D
Name: JOOS, SARA ELIZABETH
Address: 559 W WALMUT ST.
City-St-Zip: LANCASTER, OH 43130 US

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: PATRICIA ARMAND

P

01/30/2012

Electronic Signature of Signing Officer or Director

Date