

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004238

FILED  
May 06, 2012  
Secretary of State

**Entity Name:** HYDRANENCEPHALY FOUNDATION INC

**Current Principal Place of Business:**

4318 WHITELEAF COURT  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

**Current Mailing Address:**

4318 WHITELEAF COURT  
PENSACOLA, FL 32504 US

**New Mailing Address:**

**FEI Number:** 45-2173516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TRIBUS, KAMALA E  
4318 WHITELEAF COURT  
PENSACOLA, FL 32504 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/P  
**Name:** TRIBUS, KAMALA E  
**Address:** 4318 WHITELEAF COURT  
**City-St-Zip:** PENSACOLA, FL 32504 US

**Title:** D/T  
**Name:** MALLOY, CONRAD M  
**Address:** 506 STONE RIDGE DRIVE  
**City-St-Zip:** LANSING, MI 48917 US

**Title:** D  
**Name:** BECKETT, ERIN B  
**Address:** 4500 WOODBINE ROAD  
**City-St-Zip:** PACE, FL 32571 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:** KAMALA E.R. TRIBUS

D/P

05/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date