

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003474

1. Entity Name
THE PRIDE FOUNDATION, INC.



FILED
Sep 09, 2008 08:00 AM
Secretary of State

Principal Place of Business
360 SPANISH RIVER BLVD NW
BOCA RATON, FL 33431

Mailing Address
360 SPANISH RIVER BLVD NW
BOCA RATON, FL 33431



07232008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0927240

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLICKMAN, ALYSA
336 SPANISH RIVER BLVD NW
BOCA RATON, FL 33431

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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

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GLICKMAN, ALYSA
STREET ADDRESS	336 SPANISH RIVER BLVD NW
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	PISCATELLO, MARY ELLEN
STREET ADDRESS	336 SPANISH RIVER BLVD NW
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	DELLA VEDOVA, TIFFANY
STREET ADDRESS	336 SPANISH RIVER BLVD N.W.
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/09/08-80002-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/08 Sep 4/69737

Date

Daytime Phone #