

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18068

FILED
Mar 12, 2010
Secretary of State

Entity Name: AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Current Principal Place of Business:

51 EAST 42ND STREET
STE 308
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

51 EAST 42ND STREET
308
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 13-6100833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEDMAN, BEVERLY
780 NE 199TH STREET
104
MIAMI, FL 33179 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: V
Name: LITTMAN, BARBARA
Address: 15 W 53RD ST #44BC
City-St-Zip: NYC, NY 10019

Title: V
Name: SENTER, STEWART
Address: 94 WHEATLEY ROAD
City-St-Zip: OLD WESTBURY, NY 11568

Title: ED
Name: LANYARD, CATHY
Address: 389 E 89TH ST, APT 19A
City-St-Zip: NEW YORK, NY 101285228

Title: P
Name: BROWN, MINETTE
Address: 861 SW 88TH TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: T
Name: GOLDBAUM, ARNOLD
Address: 150 E 69TH STREET
City-St-Zip: NYC, NY 10021

Title: S
Name: MENDELSON, JOAN
Address: 2 LEXINGTON AVENUE
City-St-Zip: NYC, NY 10010

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: CATHY LANYARD

DIRE

03/12/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date