

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008334

**Entity Name:** HARD ROCK HEALS FOUNDATION, INC.**Current Principal Place of Business:**6100 OLD PARK LANE  
ORLANDO, FL 32835**Current Mailing Address:**6100 OLD PARK LANE  
ORLANDO, FL 32835**FEI Number:** 59-3686985**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title DVPT  
Name GISPANSKI, THOMAS  
Address 6100 OLD PARK LANE  
City-State-Zip: ORLANDO FL 32835

Title D  
Name CREIGHTON, KIM  
Address 6100 OLD PARK LANE  
City-State-Zip: ORLANDO FL 32835

Title SD  
Name WOLSZCZAK, JAY  
Address 6100 OLD PARK LANE  
City-State-Zip: ORLANDO FL 32835

Title AT  
Name MUNDT, EDWARD  
Address 6100 OLD PARK LANE  
City-State-Zip: ORLANDO FL 32835

Title AS  
Name DONOVAN, RYAN  
Address 6100 OLD PARK LANE  
City-State-Zip: ORLANDO FL 32835

Title P  
Name DODDS, HAMISH  
Address 6100 OLD PARK LANE  
City-State-Zip: ORLANDO FL 32835

*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:** JAY A. WOLSZCZAK

VP / SECRETARY

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date