

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005185

Entity Name: GAIL FOUNDATION, INC.**Current Principal Place of Business:**1013 N. PINE HILLS ROAD
ORLANDO, FL 32808**Current Mailing Address:**1013 N. PINE HILLS ROAD
ORLANDO, FL 32808**FEI Number:** 45-2442712**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEERAM, GAIL SABRINA
1013 N PINE HILLS ROAD
ORLANDO, FL 32808 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:** GAIL SABRINA SEERAM

02/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name SEERAM, GAIL SABRINA
Address 1013 N. PINE HILLS ROAD
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR
Name SEERAM, BIBI
Address 586 SAND WEDGE LOOP
City-State-Zip: APOPKA FL 32712

Title SECRETARY
Name SEERAM, RALPH
Address 1330 CHEBON COURT
City-State-Zip: APOPKA FL 32712

Title TREASURER
Name ALI, RAYMOND
Address 5363 LAKE STREET
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR
Name TAMAYO, SUSANA
Address 4418 SILVER CREEK STREET
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name BHOOPSINGH, BRIANNA AKAYLA
Address 93-02 242ND STREET
City-State-Zip: BELLEROSE NY 11426

Title DIRECTOR
Name WHALEN, JENNIFER
Address 524 QUEENBRIDGE DR.
City-State-Zip: LAKE MARY FL 32746

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: GAIL S SEERAM

EXECUTIVE DIRECTOR

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date