

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004807

Entity Name: SAMUEL I. RUSSELL FOUNDATION, INC.

Current Principal Place of Business:

100 PIERCE ST. #304
CLEARWATER, FL 33756

Current Mailing Address:

100 PIERCE ST. #304
CLEARWATER, FL 33756 US

FEI Number: 45-5310467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVER, LAWRENCE
100 PIERCE ST. #304
CLEARWATER, FL 33756 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: LAWRENCE SILVER

03/13/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ALAN, HOLLANDER
Address 611 S. HARRISON AVENUE
 115
City-State-Zip: CLEARWATER FL 33756

Title VICE-PRESIDENT
Name SILVER, LAWRENCE
Address 100 PIERCE ST.
 304
City-State-Zip: CLEARWATER FL 33756

Title SECRETARY, TREASURER
Name LINDLEY , BRIAN
Address 3221 SEAVIEW AVENUE
City-State-Zip: CORONA DEL MAR CA 92625

Title DIRECTOR
Name FRYE, DANA
Address 6940 RAYMOND DRIVE
City-State-Zip: DUBLIN OH 43017

Title DIRECTOR
Name KUHNS, MARK D.
Address 82 KATYDID DRIVE
City-State-Zip: BRANCBURG NJ 08876

Title DIRECTOR
Name SHAFFER, MATTHEW
Address 520 WEST MAINE ST.
City-State-Zip: BOALSBURG PA 16827

Title DIRECTOR
Name STRAKA, JASON
Address 6940 RAYMOND DRIVE
City-State-Zip: DUBLIN OH 43017

Title DIRECTOR
Name TAYLOR, ANTHONY
Address 1221 DREW ST.
 C4
City-State-Zip: CLEARWATER FL 33756

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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: BRIAN LINDLEY

SECRETARY/TREASURER 03/13/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name WILLIAMS, BRUCE

Address 124 S. HILLS DRIVE

City-State-Zip: TOWER LAKES IL 60010