

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007259

Entity Name: SUZANNE CIANI BRAIN CANCER FOUNDATION INC.**Current Principal Place of Business:**5450 BRUCE B DOWNS BLVD #180
WESLEY CHAPEL, FL 33544**Current Mailing Address:**5450 BRUCE B DOWNS BLVD #180
WESLEY CHAPEL, FL 33544 US**FEI Number:** 46-0668131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CIANI, CHRISTOPHER R
5450 BRUCE B DOWNS BLVD #180
WESLEY CHAPEL, FL 33544 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	PRESIDENT
Name	CIANI, CHRISTOPHER RAU
Address	5450 BRUCE B DOWNS BLVD #180
City-State-Zip:	WESLEY CHAPEL FL 33544

Title	OFFICER
Name	MORGAN, TIFFANY VIRGINIA
Address	5450 BRUCE B DOWNS BLVD #180
City-State-Zip:	WESLEY CHAPEL FL 33544

Title	OFFICER
Name	CIANI II, JOHN ANTHONY
Address	5450 BRUCE B DOWNS BLVD #180
City-State-Zip:	WESLEY CHAPEL FL 33544

Title	OFFICER
Name	CIANI, NICHOLAS PAUL
Address	5450 BRUCE B DOWNS BLVD #180
City-State-Zip:	WESLEY CHAPEL FL 33544

Title	OFFICER
Name	CIANI, JOSHUA RYAN
Address	5450 BRUCE B DOWNS BLVD #180
City-State-Zip:	WESLEY CHAPEL FL 33544

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: CHRISTOPHER CIANI**PRESIDENT****02/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date