

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007259

**Entity Name:** SUZANNE CIANI BRAIN CANCER FOUNDATION INC.**Current Principal Place of Business:**13553 STATE RD 54 #243  
ODESSA, FL 33556**Current Mailing Address:**13553 STATE RD 54 #243  
ODESSA, FL 33556 US**FEI Number:** 46-0668131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CIANI, CHRISTOPHER R  
13553 STATE RD 54 #243  
ODESSA, FL 33556 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        13553 STATE RD 54 #243  
City-State-Zip: ODESSA FL 33556

Title            OFFICER  
Name            MORGAN, TIFFANY VIRGINIA  
Address        13553 STATE RD 54 #243  
City-State-Zip: ODESSA FL 33556

Title            OFFICER  
Name            CIANI II, JOHN ANTHONY  
Address        13553 STATE RD 54 #243  
City-State-Zip: ODESSA FL 33556

Title            OFFICER  
Name            CIANI, NICHOLAS PAUL  
Address        13553 STATE RD 54 #243  
City-State-Zip: ODESSA FL 33556

Title            OFFICER  
Name            CIANI, JOSHUA RYAN  
Address        13553 STATE RD 54 #243  
City-State-Zip: ODESSA FL 33556

*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**MGR****05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date