

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000000892

**Entity Name:** STORER ALUMNI FOUNDATION, INC.

**Current Principal Place of Business:**

23 QUISSET BROOK ROAD  
MILTON, MA 02186

**Current Mailing Address:**

403 ENGRAM STREET  
MONTEZUMA, GA 31063 US

**FEI Number:** 86-1761666

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOHERTY, ALLAN T  
403 ENGRAM STREET  
MONTEZUMA, FL 31063 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 D  
Name ALDOUS, ANDREW F  
Address 45 KNOX ROAD  
City-State-Zip: BOW NH 03304

Title D  
Name CORTESE, NICHOLAS A  
Address 23 QUISSET BROOK ROAD  
City-State-Zip: MILTON MA 02186

Title D  
Name DOHERTY, ALLAN T  
Address 403 ENGRAM STREET  
City-State-Zip: MONTEZUMA GA 31063

Title D  
Name MACDONALD, RODERICK  
Address 2102 HARVEY ROAD  
City-State-Zip: WILMINGTON DE 19810

Title D  
Name MORGANELLI, ANTHONY  
Address 12 JERSEY STREET  
City-State-Zip: DEDHAM MA 02026

Title D  
Name WESTERMAN, JACOB  
Address 17 AVON STREET  
City-State-Zip: READING MA 01867

Title D  
Name HOCTOR, NICOLETTA  
Address 110 LANARK ROAD  
APT 15  
City-State-Zip: BOSTON MA 02135

*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:** ALLAN DOHERTY

**DIRECTOR**

**05/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date