

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

DOCUMENT# N23000006513

**FILED**  
**Jan 26, 2024**  
**Secretary of State**  
**8144597840CC**

**Entity Name:** LEOCADIA FONSECA FOUNDATION INC.

**Current Principal Place of Business:**

539 BELLE GROVE LANE  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

539 BELLE GROVE LANE  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 93-1722149

**Certificate of Status Desired:** Yes

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

PARRILLA, MARK A  
539 BELLE GROVE LANE  
WEST PALM BEACH, FL 33411 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 PSD  
Name PARRILLA, MARK A  
Address 539 BELLE GROVE LANE  
City-State-Zip: WEST PALM BEACH FL 33411

Title TD  
Name FOCARILE, MICHAEL  
Address 539 BELLE GROVE LANE  
City-State-Zip: WEST PALM BEACH FL 33411

Title D  
Name RAO, KRISHNA  
Address 701 SOUTH OLIVE AVENUE  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** MARK A PARRILLA

**PRESIDENT**

**01/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date