

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

DOCUMENT# N36501

**Entity Name:** GRAVES' DISEASE AND THYROID FOUNDATION, INC.**Current Principal Place of Business:**6106 LA FLECHA  
RANCHO SANTA FE, CA 92067**Current Mailing Address:**PO BOX 2793  
RANCHO SANTA FE, CA 92067 US**FEI Number:** 59-3009617**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CFO  
Name FLYNN, STEVE DIR.  
Address PO BOX 2793  
City-State-Zip: RANCHO SANTA FE CA 92067

Title DIR  
Name PATTERSON, NANCY DIR.  
Address PO BOX 2793  
City-State-Zip: RANCHO SANTA FE CA 92067

Title DIRECTOR  
Name MCDONALD, NICOLE  
Address PO BOX 2793  
City-State-Zip: RANCHO SANTA FE CA 92067

Title DIRECTOR  
Name DIMARE, CARLA  
Address PO BOX 2793  
City-State-Zip: RANCHO SANTA FE CA 92067

Title DIR  
Name SMITH, TERRY  
Address PO BOX 2793  
City-State-Zip: RANCHO SANTE FE CA 92067

Title CEO  
Name DORRIS, KIMBERLY  
Address PO BOX 2793  
City-State-Zip: RANCHO SANTA FE CA 92067

Title DIRECTOR  
Name FLYNN, KATHLEEN  
Address PO BOX 2793  
City-State-Zip: RANCHO SANTA FE CA 92067

Title DIRECTOR  
Name BHASEEN, ASHOK  
Address PO BOX 2793  
City-State-Zip: RANCHO SANTA FE CA 92067

*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: STEVE FLYNN****CFO****03/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date