

2020 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 SMITH, TERRY
Address PO BOX 2793
City-State-Zip: RANCHO SANTE FE CA 92067

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

Title CEO
Name DORRIS, KIMBERLY
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 FLYNN, KATHLEEN
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 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/CO-CHAIR

01/22/2020

Electronic Signature of Signing Officer/Director Detail

Date