

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46695

**Entity Name:** ANGELMAN SYNDROME FOUNDATION, INC.

**FILED**  
**Feb 23, 2022**  
**Secretary of State**  
**9971282549CC**

**Current Principal Place of Business:**

3015 E NEW YORK ST  
STE A2 285  
AURORA, IL 60504

**Current Mailing Address:**

3015 E NEW YORK ST  
STE A2 285  
AURORA, IL 60504 US

**FEI Number: 59-3092842**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           TREASURER  
Name           CECERE, MICHAEL  
Address        31 GILFEATHER LN  
City-State-Zip: KINGSTON MA 02364

Title           DIRECTOR  
Name           BLANDING, ANNA  
Address        274 DAVIS ST  
City-State-Zip: HAMDEN CT 06517

Title           PRESIDENT  
Name           ROONEY, KYLE  
Address        2413 INDIAN RD W  
City-State-Zip: MINNETONKA MN 55305

Title           DIRECTOR  
Name           WRIGHT, ERIC  
Address        1226 SUMMIT AVE  
City-State-Zip: LOUISVILLE KY 40204

Title           DIRECTOR  
Name           BURDINE, REBECCA  
Address        167 HARTLEY AVE  
City-State-Zip: PRINCETON NJ 08540

Title           DIRECTOR  
Name           LAMB, JIM  
Address        53 RIDGEWOOD DT  
City-State-Zip: STOW MA 01775

Title           VP  
Name           MCCALLISTER, LESLEY  
Address        1520 KNOB RD  
City-State-Zip: CHARLESTON WV 25314

Title           DIRECTOR  
Name           RAVELLETTE, SUSAN  
Address        3436 CARLETON ST  
City-State-Zip: SAN DIEGO CA 92106

**Continues on page 2**

*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: AMANDA MOORE**

**CEO**

**02/23/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CEO  
Name MOORE, AMANDA  
Address 11770 SAND CREEK BLVD  
City-State-Zip: FISHERS IN 46037

Title DIRECTOR  
Name SHANNON, MOYER  
Address 63 COLLEEN CIR  
City-State-Zip: DOWNINGTON PA 19335

Title DIRECTOR  
Name OBERWAGER, ANDREW  
Address 90 GARIBALDI LN  
City-State-Zip: NEW CANAAN CT 06840

Title DIRECTOR  
Name SUGDEN, JOHN  
Address 201 CRANDON BLVD #111  
City-State-Zip: KEY BISCAYNE FL 33149

Title SECRETARY  
Name ENGLAND, PETER  
Address 2905 RIVERGROVE CT  
City-State-Zip: FORT WORTH TX 76116

Title DIRECTOR  
Name MCBRIDE, MINDY  
Address 14142 ABBEYFIELD AVE  
City-State-Zip: ROSEMOUNT MN 55068

Title DIRECTOR  
Name ROUTH, DAVID  
Address 205 N BOUNDARY ST  
City-State-Zip: CHAPEL HILL NC 27514

Title DIRECTOR  
Name WINSLOW, CHARLES III  
Address 14780 WALCOTT AVE  
City-State-Zip: ORLANDO FL 32827