

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000483

Entity Name: ALPHA-1 FOUNDATION, INC.**Current Principal Place of Business:**3300 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134**Current Mailing Address:**3300 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US**FEI Number:** 65-0585415**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALSH, JOHN W
3300 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 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 PRESIDENT, CEO
Name WALSH, JOHN W
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title VP, CFO
Name BARRETT, ROBERT C
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title VP, COO
Name RITCHIE, MARCIA F
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER, DIRECTOR
Name QUILL, JIM
Address 36 CLOVER DRIVE
City-State-Zip: BLUFFTON SC 29909

Title VICE CHAIR, DIRECTOR
Name MOEHRING, HENRY
Address 18109 PARRECO FARM DR.
City-State-Zip: GERMANTOWN MD 20874

Title CHAIRMAN, DIRECTOR
Name CADWGAN, GORDON
Address 7731 BLUE HERON WAY
City-State-Zip: WEST PALM BEACH FL 33412

Title DIRECTOR
Name D'ARMIENTO, JEANINE M
Address 630 WEST 168TH STREET
 P&S 9-449
City-State-Zip: NEW YORK NY 10062

Title DIRECTOR
Name ZAMORA, MARTIN R
Address 1635 AURORA COURT, ROOM 7082
 MAIL STOP F749
City-State-Zip: AURORA CO 80045

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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: ROBERT C BARRETT**VP, CFO****01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSON, ELIZABETH
Address 18 EUCLID AVENUE
City-State-Zip: WINCHESTER MA 01890

Title SECRETARY, DIRECTOR
Name WITCHER, DELL
Address 301 SUNSET DRIVE
City-State-Zip: VESTAVIA HILLS AL 35216

Title DIRECTOR
Name CLARK, VIRGINIA
Address UNIVERSITY OF FLORIDA COLLEGE OF
MEDICINE
BOX 100214, ROOM M-440
City-State-Zip: GAINESVILLE FL 32610

Title DIRECTOR
Name DOUGLAS, SANDRA
Address 1624 BEECHWOOD BLVD.
APT. 2
City-State-Zip: PITTSBURGH PA 15217

Title DIRECTOR
Name STOLLER, JAMES K
Address CLEVELAND CLINIC COLLEGE OF MEDICINE
9500 EUCLID AVE.
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR
Name WILLERSINN, FRANK
Address RUE BATONNIER BRAFFORT 58
City-State-Zip: BRUSSELS 1200

Title DIRECTOR
Name SIMON, JUDITH
Address 865 S. ADAMS ST.
City-State-Zip: DENVER CO 80209

Title IMMEDIATE PAST CHAIR, DIRECTOR
Name REES, AB
Address 810 W. 57TH TERRACE
City-State-Zip: KANSAS CITY MO 64113

Title DIRECTOR
Name CORRON, THOMAS
Address 2319 KERRIGANS WAY
City-State-Zip: FORT WAYNE IN 46815

Title DIRECTOR
Name JOPP, JENNIFER
Address 24149 SKYLARK DRIVE, NE
City-State-Zip: EAST BETHEL MN 55005

Title DIRECTOR
Name MCELVANEY, NOEL GERARD
Address ROYAL COLLEGE OF SURGEONS
BEAUMONT HOSPITAL
City-State-Zip: DUBLIN 9