

2020 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:**DELVAUX, MARK B
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:** MARK B DELVAUX

04/06/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO
Name O'DAY, MIRIAM
Address 3300 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN, DIRECTOR
Name D'ARMIENTO, JEANINE M
Address 630 WEST 168TH STREET
P&S 9-449
City-State-Zip: NEW YORK NY 10032

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

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

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

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

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

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: MARK DELVAUX

VP, CFO

04/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name KNEBEL, ANN
Address 631 W. LYNFIELD DR.
City-State-Zip: ROCKVILLE MD 20850

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

Title DIRECTOR
Name IVERSON, PEGGY
Address 5607 NW 66TH AVENUE
City-State-Zip: JOHNSTON IA 50131

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

Title TREASURER, DIRECTOR
Name WALSH, FRED
Address 70 HUMPHREYS LANE
City-State-Zip: DUXBURY MA 02332

Title DIRECTOR
Name IRVINE, KENNETH
Address 147 CAT ROCK ROAD
City-State-Zip: COS COB CT 06807