

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833175

Entity Name: AMERICAN ASSOCIATION OF KIDNEY PATIENTS, INC.**Current Principal Place of Business:**14440 BRUCE B. DOWNS BOULEVARD
TAMPA, FL 33613**Current Mailing Address:**14440 BRUCE B. DOWNS BOULEVARD
TAMPA, FL 33613 US**FEI Number:** 11-2306416**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLYNES, DIANA
14440 BRUCE B. DOWNS BLVD
TAMPA, FL 33613 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:** DIANA CLYNES

03/11/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name KNIGHT, RICHARD
Address 16010 EXCALIBUR RD APT. D320
City-State-Zip: BOWIE MD 20716

Title EXECUTIVE DIRECTOR
Name CLYNES, DIANA
Address 14440 BRUCE B DOWNS BLVD
City-State-Zip: TAMPA FL 33613

Title BOARD OF DIRECTOR
Name BRESSLER, KENT
Address 2107 WESTRIDGE CR.
City-State-Zip: KERRVILLE TX 78028

Title BOARD OF DIRECTOR
Name LEA, JANICE MD, MSC, FASN
Address 259 EBENEZER CHURCH RD
City-State-Zip: FAYETTEVILLE GA 30215

Title CHAIR OF POLICY AND GLOBAL
AFFAIRS, VP
Name CONWAY, PAUL T
Address 6339 CROOKED OAK LN
City-State-Zip: FALLS CHURCH VA 22042

Title DIRECTOR OF OFFICE OPERATIONS
Name GONZALEZ, VALERIE M
Address 14440 BRUCE B. DOWNS BLVD
City-State-Zip: TAMPA FL 33613

Title PRESIDENT
Name HICKEY, EDWARD V.
Address 912 BRIGHTSTONE COURT
City-State-Zip: WESTLAKE VILLAGE CA 91361

Title BOARD OF DIRECTOR
Name MYERS, JAMES W. III
Address 940 KENWOOD ST. APT. 426
City-State-Zip: HAMMOND IN 46320

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: VALERIE M GONZALEZDIRECTOR OF OFFICE
OPERATIONS

03/11/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD OF DIRECTOR
Name RODRIQUEZ, DAVID
Address ESCALANTE APARTMENT
1540 W BITTERS RD, APT. 2532
City-State-Zip: SAN ANTONIO TX 78248

Title BOARD OF DIRECTOR
Name JONES, JENNIFER L.
Address 9003 FARMINGTON DR.
City-State-Zip: HENRICO VA 23229

Title BOARD OF DIRECTOR
Name BARRY , SMITH H. MD, PHD
Address 1192 PARK AVE
APT. 10B
City-State-Zip: NEW YORK NY 10128

Title BOARD OF DIRECTOR
Name GAGNE, GITTHALINE A
Address 9337 PANNIER RD
City-State-Zip: PITSBURGE PA 15237

Title SECRETARY
Name ROGERS, DALE
Address 439 OLD FARM RD
City-State-Zip: PINEHURST IN 83850

Title BOARD OF DIRECTOR
Name SCHAEFFER, SARA E.
Address 1599 ARIZONA AVE. NE
City-State-Zip: ST. PETERSBURG FL 33703

Title BOARD OF DIRECTOR
Name CAMPBELL, CATHERINE
Address 2810 HARBORVIEW BLVD
City-State-Zip: ROWLETT TX 75088

Title BOARD OF DIRECTOR
Name HERNANDEZ, CHRISTINE A RN, BSN
Address 2226 NORTH NORDICA AVE
City-State-Zip: CHICAGO IL 60707