2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2024
Secretary of State
2917863498CC

DOCUMENT# 849941

Entity Name: TOURETTE ASSOCIATION OF AMERICA INC.

Current Principal Place of Business:

4240 BELL BLVD STE 507
BAYSIDE, NY 11361

Current Mailing Address:

4240 BELL BLVD STE 507
BAYSIDE, NY 11361 US

FEI Number: 23-7191992

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N STE 300
SAINT PETERSBURG, FL 33702 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
Name	TALTY, AMANDA
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	VP
Name	FELNER, DIANA
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	SECRETARY
Name	MASON-VIDAL, SONJA
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	VP
Name	NADEAU, JOSHUA
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	VP
Name	MASON-VIDAL, SONJA
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	VP
Name	WILLIAMS, KARON
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	TREASURER
Name	MASON-VIDAL, SONJA
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	VP
Name	SARACINI, JAMES
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

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: SONJA MASON-VIDAL VICE PRESIDENT 02/28/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CHAIR
Name	BARRON, STEPHEN
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	VICE CHAIR
Name	TARKOFF, JASMINE
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	VICE CHAIR
Name	KANE, ALICE
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	DIRECTOR
Name	DAVID, CHERI G
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	DIRECTOR
Name	MCGARVEY, DANIEL
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	DIRECTOR
Name	OCHSMAN, BRUCE
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	DIRECTOR
Name	SCHIRLING, ROVENA
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	DIRECTOR
Name	ZEMSKY, RANDI
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	VICE CHAIR
Name	SCHOENHAAR, DAVID
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	VICE CHAIR
Name	KRAMER, JEFFREY
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	DIRECTOR
Name	COUREY, SUSAN
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	DIRECTOR
Name	KURTZ, CINDY
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	DIRECTOR
Name	VALENTINI, KARL
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	DIRECTOR
Name	REDMAN, MONTE
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	DIRECTOR
Name	WALKUP, JOHN
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361

Title	DIRECTOR
Name	BENSON, MARC
Address	4240 BELL BLVD STE 507
City-State-Zip:	BAYSIDE NY 11361