

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000929

Entity Name: IT HAPPENED TO ALEXA FOUNDATION, INC.**Current Principal Place of Business:**411 CENTER STREET
LEWISTON, NY 14092**Current Mailing Address:**411 CENTER STREET
LEWISTON, NY 14092 US**FEI Number:** 59-3763746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRANCHINI, THOMAS
876 MALAGA DR
BOCA RATON, FL 33432 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	C
Name	BRANCHINI, THOMAS
Address	867 MALAGA DR
City-State-Zip:	BOCA RATON FL 33432

Title	VC
Name	BRANCHINI, STACEY
Address	867 MALAGA DR
City-State-Zip:	BOCA RATON FL 33432

Title	D
Name	DIFIORE , JOHN
Address	P.O. BOX 297 LAKE ROAD
City-State-Zip:	YOUNGSTOWN NY 14174

Title	D, DIRECTOR
Name	RISKO, JOHN
Address	90 WEBSTER STREET
City-State-Zip:	WEST NEWTON MA 02494

Title	EXECUTIVE DIRECTOR
Name	LAHRACHE, SANDRA L
Address	411 CENTER STREET
City-State-Zip:	LEWISTON NY 14092

Title	BOARD MEMBER
Name	CAMPBELL, MARY
Address	110 SOUTH OCEAN BLVD
City-State-Zip:	PALM BEACH FL 33480

Title	DIRECTOR
Name	MASTERSON, GARY
Address	10 SCATTER FREE LANE
City-State-Zip:	ORCHARD PARK NY 14127

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: SANDRA L. LAHRACHE**ACTING EXECUTIVE
DIRECTOR****04/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date