

2014 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 , JANET & JOHN
Address	LAKE RD
City-State-Zip:	YOUNGSTOWN NY 14174

Title	D
Name	GREEN, CHERYL
Address	6 OPAL COURT
City-State-Zip:	EAST AMHERST NY 14051

Title	P
Name	MANN, DAVID FJR
Address	24 WEST OAKWOOD PLACE
City-State-Zip:	BUFFALO NY 14214

Title	VP
Name	RUGGIRELLO, SHARON M
Address	191 SE 20TH AVENUE # 619
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	EXECUTIVE DIRECTOR
Name	AUGELLO, ELLEN W
Address	411 CENTER STREET
City-State-Zip:	LEWISTON NY 14092

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: ELLEN AUGELLO**EXECUTIVE DIRECTOR****01/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date