2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2025
Secretary of State
9485362357CC

DOCUMENT# F12000001387

Entity Name: POSITUDES, INC.

Current Principal Place of Business:

44 BOND STREET
WESTBURY, NY 11590

Current Mailing Address:

44 BOND STREET
WESTBURY, NY 11590 US

FEI Number: 11-3550195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR
Name	PUGLIESE, JOE
Address	448 STONEMASON WAY
City-State-Zip:	LANSDALE PA 19446

Title	CHAIRMAN
Name	PLENCNER, MARK A
Address	26426 SOUTH HOWARD DR.
City-State-Zip:	SUN LAKES AZ 85248

Title	SECRETARY
Name	BLAKE, JEFF
Address	20 VINE STREET, #1227
City-State-Zip:	LANSDALE PA 19446

Title	DIRECTOR
Name	AMOND, JEFF
Address	1407 EMERALD COURT
City-State-Zip:	WAUNAKEE WI 53597

Title	PRESIDENT, DIRECTOR
Name	FUSARO RPH, VINCENT
Address	44 BOND ST
City-State-Zip:	WESTBURY NY 11590

Title	TREASURER
Name	LEE, GLADYS
Address	PO BOX 535
City-State-Zip:	STONE MOUNTAIN GA 30086

Title	DIRECTOR
Name	MYERS, JOHN
Address	3333 BURNET AVE., MLC 5017
City-State-Zip:	CINCINNATI OH 45229

Title	DIRECTOR
Name	BARTKO, ALISON
Address	44 BOND ST
City-State-Zip:	WESTBURY NY 11590

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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: MARYANN FUSARO AUTHORIXED PERSON 01/10/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR EMERITUS
Name	MADEIROS, CAROL
Address	147 LINCOLN AVE.
City-State-Zip:	SARATOGA SPRINGS NY 12866

Title	AUTHORIZED PERSON
Name	FUSARO, MARYANN
Address	44 BOND STREET
City-State-Zip:	WESTBURY NY 11590

Title	DIRECTOR
Name	TRAN, STEVEN
Address	44 BOND ST
City-State-Zip:	WESTBURY NY 11590