

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000001099

**FILED**  
**Feb 02, 2021**  
**Secretary of State**  
**2952474333CC**

**Entity Name:** MARCH FOR OUR LIVES ACTION FUND, INC.

**Current Principal Place of Business:**

C/O DIRECTOR OF OPERATIONS  
P.O. BOX 8929  
CORAL SPRINGS, FL 33075

**Current Mailing Address:**

C/O DIRECTOR OF OPERATIONS  
P.O. BOX 8929  
CORAL SPRINGS, FL 33075 US

**FEI Number: 82-4535615**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DT  
Name RHODES, JERI  
Address C/O FRIENDS COMMITTEE ON  
NATIONAL LEGISLATION  
245 SECOND ST, NE  
City-State-Zip: WASHINGTON DC 20002

Title D  
Name VINIK, NINA  
Address 321 N CLARK ST  
SUITE 1500  
City-State-Zip: CHICAGO IL 60654

Title DIRECTOR OF OPERATIONS  
Name CONLEE, AMANDA M  
Address C/O DIRECTOR OF OPERATIONS  
P.O. BOX 8929  
City-State-Zip: CORAL SPRINGS FL 33075

Title EXECUTIVE DIRECTOR  
Name CONFER, ALEXIS  
Address P.O. BOX 8929  
City-State-Zip: CORAL SPRINGS FL 33075

*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: AMANDA CONLEE**

**DIRECTOR OF  
OPERATIONS**

**02/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date