

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18068

Entity Name: AMERICAN FRIENDS OF ALYN HOSPITAL, INC.**Current Principal Place of Business:**122 EAST 42ND STREET
STE 1519
NEW YORK, NY 10168**Current Mailing Address:**122 EAST 42ND STREET
STE 1519
NEW YORK, NY 10168 US**FEI Number:** 13-6100833**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FREEDMAN, BEVERLY
780 NE 199TH STREET
104
MIAMI, FL 33179 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	GLAZIER, PAULA
Address	3775 ORCHARD LAKE ROAD #301
City-State-Zip:	WEST BLOOMFIELD MI 48332

Title	VP
Name	BLYE, JOANNE
Address	17 WOODLAND PL
City-State-Zip:	GREAT NECK NY 11021

Title	TREASURER
Name	GARTENBERG, BRYAN
Address	175 W 76TH ST APT 11E
City-State-Zip:	NY NY 10023

Title	CEO
Name	SCHWARTZ, ADAM
Address	122 E 42ND ST STE 1519
City-State-Zip:	NEW YORK NY 10158

Title	CHAIRMAN
Name	BROWN, MINETTE
Address	81260 CORTE COMPRAS
City-State-Zip:	INDIO CA 32203
Title	VP
Name	JOYCE, ED
Address	473 WEST END AVE APT 4A
City-State-Zip:	NY NY 10024
Title	SECRETARY
Name	BLUMENTHAL, DANIEL
Address	381 LAKESIDE TERRACE
City-State-Zip:	GLENCO IL 60022

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: ADAM SCHWARTZ

CEO

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date