

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39000

Entity Name: CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.**Current Principal Place of Business:**585 STEWART AVENUE
SUITE 520
GARDEN CITY , NY 11530**Current Mailing Address:**585 STEWART AVENUE
SUITE 520
GARDEN CITY , NY 11530 US**FEI Number:** 11-2106778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**URS AGENTS, LLC
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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:** EDDY SALDANA

04/29/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE PRESIDENT
Name HASSETT, CAROL
Address 585 STEWART AVENUE
SUITE 520
City-State-Zip: GARDEN CITY NY 11530

Title PRESIDENT
Name ALESIA, PASQUALE
Address 585 STEWART AVENUE
SUITE 520
City-State-Zip: GARDEN CITY NY 11530

Title SECRETARY
Name LEGRYS, TAMMY
Address 585 STEWART AVENUE
SUITE 520
City-State-Zip: GARDEN CITY NY 11530

Title TREASURER, CFO
Name DIGILIO, JOHN JR.
Address 585 STEWART AVENUE
SUITE 520
City-State-Zip: GARDEN CITY NY 11530

Title EXECUTIVE DIRECTOR
Name COLEMAN, TARA
Address 585 STEWART AVENUE
SUITE 520
City-State-Zip: GARDEN CITY NY 11530

Title PRESIDENT EMERITUS
Name PASQUA, ANTHONY
Address 585 STEWART AVENUE
SUITE 520
City-State-Zip: GARDEN CITY NY 11530

Title TRUSTEE
Name CIONI, JOHN
Address 585 STEWART AVENUE
SUITE 520
City-State-Zip: GARDEN CITY NY 11530

Title TRUSTEE
Name GIBBONS, HUBERT
Address 585 STEWART AVENUE
SUITE 520
City-State-Zip: GARDEN CITY NY 11530

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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: TARA COLEMAN

EXECUTIVE DIRECTOR

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIR. OF PROGRAMS/PATIENT AID
COORDINATOR
Name CLEARY, KERRIN
Address 585 STEWART AVENUE
SUITE 520
City-State-Zip: GARDEN CITY NY 11530

Title MARKETING/COMMUNICATIONS
ASSOCIATE
Name ARATA, EMI
Address 585 STEWART AVENUE
SUITE 520
City-State-Zip: GARDEN CITY NY 11530