

**2022 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:**PASQUA, ANTHONY R  
28628 WAHOO DRIVE  
BONITA SPRINGS, FL 34135 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:** ANTHONY R PASQUA

04/19/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

*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:** ANTHONY R. PASQUA

PRESIDENT

04/19/2022

Electronic Signature of Signing Officer/Director Detail

Date