

2024 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

02/07/2024

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
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

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

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date