## 2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002919

Entity Name: MARC LUSTGARTEN PANCREATIC CANCER FOUNDATION,

INC.

**Current Principal Place of Business:** 

504 RXR PLAZA

UNIONDALE, NY 11556

**Current Mailing Address:** 

504 RXR PLAZA

UNIONDALE, NY 11556 US

FEI Number: 31-1611837 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELY, MADELEINE 708 KANUGA DRIVE WEST PALM BEACH, FL 33401 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: MADELEINE ELY 03/27/2025

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **CHAIRMAN** Title VICE CHAIRMAN Name LUSTGARTEN, ANDREW F Name SILVER, ADAM Address 504 RXR PLAZA Address 504 RXR PLAZA

City-State-Zip: UNIONDALE NY 11556 City-State-Zip: UNIONDALE NY 11556

Title CHIEF FINANCIAL OFFICER Title **TREASURER** 

Name D'AMBROSIO, PHILLIP Name JAWAID, FAISAL Address 504 RXR PLAZA Address 504 RXR PLAZA

City-State-Zip: UNIONDALE NY 11556 City-State-Zip: UNIONDALE NY 11556

Title SECRETARY Title CHIEF EXECUTIVE DIRECTOR

Name FORTUNOFF, JENNIE F Name TANTAWI, LINDA

Address 504 RXR PLAZA 504 RXR PLAZA Address

City-State-Zip: UNIONDALE NY 11556 UNIONDALE NY 11556 City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

Name COURTEMANCHE, JESSICA COBB, JOHN Name

LUSTGARTEN

Address 504 RXR PLAZA Address 504 RXR PLAZA

UNIONDALE NY 11556 City-State-Zip: UNIONDALE NY 11556 City-State-Zip:

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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.

03/27/2025 SIGNATURE: LINDA TANTAWI **CEO** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Mar 27, 2025

**Secretary of State** 

1180412281CC

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name LUSTGARTEN, MARCIA

Address 504 RXR PLAZA

City-State-Zip: UNIONDALE NY 11556

Title DIRECTOR

Name PENBERTHY, SCOTT

Address 504 RXR PLAZA

City-State-Zip: UNIONDALE NY 11556

Title DIRECTOR

Name SHALIT, WILLA

Address 504 RXR PLAZA

City-State-Zip: UNIONDALE NY 11556

Title DIRECTOR

Name BARAKAT, MD, MBA, RICHARD

Address 504 RXR PLAZA

City-State-Zip: UNIONDALE NY 11556

Title DIRECTOR

Name BAZURO, PHD, SOMMER

Address 504 RXR PLAZA

City-State-Zip: UNIONDALE NY 11556

Title DIRECTOR

Name MAHONY, SHEILA

Address 504 RXR PLAZA

City-State-Zip: UNIONDALE NY 11556

Title DIRECTOR

Name SCHUELER, CHARLES

Address 504 RXR PLAZA

City-State-Zip: UNIONDALE NY 11556

Title DIRECTOR

Name VICKERS, MD, FACS, SELWYN M

Address 504 RXR PLAZA

City-State-Zip: UNIONDALE NY 11556

Title DIRECTOR

Name KANTOFF, AARON

Address 504 RXR PLAZA

City-State-Zip: UNIONDALE NY 11556