#### 2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F04000004464

Entity Name: FOR A DAY FOUNDATION, INC.

#### **Current Principal Place of Business:**

97 S 3RD ST #6A BROOKLYN, NY 11249

### **Current Mailing Address:**

97 S 3RD ST #6A BROOKLYN, NY 11249 US

#### FEI Number: 64-0928748

#### Name and Address of Current Registered Agent:

HARRIS, STEFANIE 6151 PARADISE POINT DRIVE PALMETTO BAY, FL 33157 US

Certificate of Status Desired: No

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	STEFANIE HARRIS			03/16/2021
	Electronic Signature of Registered Agent	ctronic Signature of Registered Agent		
Officer/Dire	ctor Detail :			
Title	PRES	Title	DIRECTOR	
Name	EDWARDS, JENNA	Name	MCCLINTOCK, ANDREW	
Address	97 S. THIRD STREET #6A	Address	97 S 3RD ST #6A	
City-State-Zip:	BROOKLYN NY 11249	City-State-Zip:	BROOKLYN NY 11249	
Title	DIRECTOR	Title	DIRECTOR	
Name	FORST, TYLER	Name	PASSALACQUA, MICHAEL	
Address	97 S 3RD ST #6A	Address	97 S 3RD ST	
City-State-Zip:	BROOKLYN NY 11249	City-State-Zip:	#6A BROOKLYN NY 11249	
Title	TREASURER	Title	SECRETARY	
Name	ROTHMAN, JONATHAN			
Address	97 S 3RD ST #6A	Name Address	LABRECQUE, DIANA 97 S 3RD ST	
City-State-Zip:	BROOKLYN NY 11249	City-State-Zip:	#6A BROOKLYN NY 11249	

# Continues on page 2

DIRECTOR

LEVY, BARRY

97 S 3RD ST

BROOKLYN NY 11249

#6A

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.

Title

Name

Address

City-State-Zip:

#### SIGNATURE: JENNA EDWARDS

DIRECTOR

97 S 3RD ST

#6A

KAUL, UPASNA

BROOKLYN NY 11249

Title

Name

Address

City-State-Zip:

PRESIDENT

03/16/2021

Electronic Signature of Signing Officer/Director Detail

## FILED Mar 16, 2021 Secretary of State 5484839236CC

04-0920740

#### **Officer/Director Detail Continued :**

Title	DIRECTOR		
Name	SAMUELSON, KATIE		
Address	97 S 3RD ST #6A		
City-State-Zip:	BROOKLYN NY 11249		