

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001253

Entity Name: THE EMERIL LAGASSE FOUNDATION INCORPORATED**Current Principal Place of Business:**829 ST. CHARLES AVENUE
NEW ORLEANS, LA 70130**Current Mailing Address:**C/O AFFINITY FUNDRAISING REGISTRATION
PO BOX 12129
DENVER, CO 80212 US**FEI Number:** 42-1536915**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	KISH, BRIAN
Address	829 ST. CHARLES AVE.
City-State-Zip:	NEW ORLEANS LA 70130
Title	S
Name	SOLOMON, GARY N.
Address	1100 POYDRAS ST., STE. 100
City-State-Zip:	NEW ORLEANS LA 70112
Title	M
Name	LAGASSE, ALDEN
Address	829 ST. CHARLES AVE.
City-State-Zip:	NEW ORLEANS LA 70130
Title	M
Name	BRYAN, SUZANNE PRIDE
Address	4026 SPRING MOUNTAIN RD.
City-State-Zip:	ST. HELENA CA 94574

Title	T
Name	FRANK, PAUL
Address	433 HARBOR ISLAND DR.
City-State-Zip:	NEWPORT BEACH CA 92660
Title	C
Name	LAGASSE III, EMERIL J.
Address	829 ST. CHARLES AVE.
City-State-Zip:	NEW ORLEANS LA 70130
Title	M
Name	HARRELL, BRIDGET
Address	1505 PONCE DE LEON DR.
City-State-Zip:	FT. LAUDERDALE FL 33316
Title	M
Name	GOLDSTEIN, ROBERT G.
Address	3355 LAS VEGAS BLVD. S.
City-State-Zip:	LAS VEGAS NV 89109

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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: BRIAN KISH**PRESIDENT****01/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title M
Name HINES, WILLIAM H.
Address 201 ST. CHARLES AVE.
City-State-Zip: NEW ORLEANS LA 70170

Title M
Name LINQUEST, ERIC
Address 327 IONA ST.
City-State-Zip: NEW ORLEANS LA 70005

Title M
Name THOMPSON, MICHAEL C.
Address 3120 MERION DRIVE
City-State-Zip: MIRAMAR BEACH FL 32550

Title M
Name KOSTA, DAN
Address 6905 SOUTHPOINT AVE.
City-State-Zip: SEBASTOPOL CA 94572

Title M
Name ROMIG, MARK
Address 47 FOUNTAINBLEAU DR.
City-State-Zip: NEW ORLEANS LA 70125