

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001253

**Entity Name:** THE EMERIL LAGASSE FOUNDATION INCORPORATED

**Current Principal Place of Business:**

3801 CANAL STREET, SUITE 300  
NEW ORLEANS, LA 70119

**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 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

Title T  
Name HARRELL, BRIDGET  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

Title S  
Name SOLOMON, GARY N.  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

Title MEMBER  
Name LAGASSE III, EMERIL J.  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

Title M  
Name LAGASSE, ALDEN  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

Title M  
Name BRYAN, SUZANNE PRIDE  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

Title M  
Name GOLDSTEIN, ROBERT G.  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

Title M  
Name HINES, WILLIAM H.  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

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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**

**01/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title M  
Name ROMIG, MARK  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

Title VP  
Name KELLER, ANTONIA  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

Title M  
Name SANCHEZ, AARON  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

Title M  
Name THOMPSON, MICHAEL C.  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119

Title M  
Name FRANK, PAUL  
Address 3801 CANAL STREET, SUITE 300  
City-State-Zip: NEW ORLEANS LA 70119