

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002157

Entity Name: FAALAS INC.

Current Principal Place of Business:

12901 BRUCE B. DOWNS BLVD
MDC 020
TAMPA, FL 33612

FILED
Apr 03, 2014
Secretary of State
CC5176708134

Current Mailing Address:

12901 BRUCE B. DOWNS BLVD
MDC 020
TAMPA, FL 33612 US

FEI Number: 59-3164152

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BARBER, HOLLY L
12901 BRUCE B. DOWNS BLVD
MDC 020
TAMPA, FL 33612 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: HOLLY BARBER

04/03/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name CORMIER , STEPHANIE
Address PO BOX 100006
City-State-Zip: GAINESVILLE FL 32610

Title VP
Name RAMMLING, MATTHIAS
Address SANFORD-BURNHAM MEDICAL
RESEARCH INSTITUTE
6400 SANGER ROAD
City-State-Zip: ORLANDO FL 32827

Title SEC
Name REPIK, GABRIELLE
Address PO BOX 100006
City-State-Zip: GAINESVILLE FL 32610-0006

Title TRES
Name BARBER, HOLLY
Address 12901 BRUCE B DOWNS BLVD
MDC 020
City-State-Zip: TAMPA FL 33612

Title BOT
Name BANKS, ROBERT
Address 4000 CENTRAL FLORIDA BLVD
ADRF 101
City-State-Zip: ORLANDO FL 32816-0150

Title BOT
Name CANNELLA, PAULA
Address 12901 BRUCE B. DOWNS BLVD
MDC 020
City-State-Zip: TAMPA FL 33612

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: HOLLY BARBER

TREASURER

04/03/2014

Electronic Signature of Signing Officer/Director Detail

Date