

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000005492

Entity Name: THE MICHAEL SULLIVAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

6573 MARISSA LOOP UNIT 1801
NAPLES, FL 34108

Current Mailing Address:

6573 MARISSA LOOP UNIT 1801
NAPLES, FL 34108 US

FEI Number: 88-2509903

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHY, PATRICK J
441 EAST WOODHAVEN DRIVE
PONTE VEDRA BEACH, FL 32082 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: PATRICK J. MURPHY

02/14/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TP
Name SULLIVAN, MICHAEL
Address 6573 MARISSA LOOP UNIT 1801
City-State-Zip: NAPLES FL 34108

Title TS
Name MURPHY, KATHLEEN
Address 441 E WOODHAVEN DR
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title T
Name MURPHY, PATRICK S
Address 5870 CHOKECHERRY DR
City-State-Zip: COLORADO SPRINGS CO 80919

Title T
Name SULLIVAN, DAN
Address 2034 W 103RD ST
City-State-Zip: CHICAGO IL 60805

Title T
Name O'HARA, COLLEEN
Address 3520 W 98TH ST
City-State-Zip: EVERGREEN PARK IL 60805

Title T
Name O'HARA, KALEIGH
Address 3520 W 98TH ST
City-State-Zip: EVERGREEN PARK IL 60805

Title T, VP
Name SULLIVAN, MICHAEL III
Address 13925 OLD POST RD
UNIT 2103
City-State-Zip: NAPLES FL 34110

Title T, TREASURER
Name MURPHY, PATRICK
Address 441 E WOODHAVEN DR
City-State-Zip: PONTE VEDRA BEACH FL 32082

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: PATRICK J. MURPHY

T, TREASURER

02/14/2023

Electronic Signature of Signing Officer/Director Detail

Date