


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90077 028 ****70.00

DOCUMENT # 813457

1. Entity Name
 CYSTIC FIBROSIS FOUNDATION



Principal Place of Business
 6931 ARLINGTON RD.
 BETHESDA, MD 20814 US

Mailing Address
 6931 ARLINGTON RD.
 BETHESDA, MD 20814 US

40107714



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02162007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
 13-1930701

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
 1201 HAYS ST
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	MATTINGLY, RICHARD C	
STREET ADDRESS	6931 ARLINGTON ROAD #200	
CITY-ST-ZIP	BETHESDA, MD 20814	
TITLE	LCC	<input type="checkbox"/> Delete
NAME	BARRY, AMY S	
STREET ADDRESS	1031 ARDSLEY ROAD	
CITY-ST-ZIP	CHARLOTTE, NC 28207	
TITLE	TAL	<input checked="" type="checkbox"/> Delete
NAME	BASKIN, BRUCE L	
STREET ADDRESS	6099 RIVERSIDE DRIVE SUITE 207	
CITY-ST-ZIP	DUBLIN, OH 43017	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BEALL, ROBERT J PHD	
STREET ADDRESS	6931 ARLINGTON ROAD, SUITE 200	
CITY-ST-ZIP	BETHESDA, MD 20814	
TITLE	VC	<input type="checkbox"/> Delete
NAME	GUMP, BARRY M	
STREET ADDRESS	26954 RUETHER AVE.	
CITY-ST-ZIP	SANTA CLARITA, CA 91351	
TITLE	C	<input type="checkbox"/> Delete
NAME	MCCLOUD, CATHERINE C	
STREET ADDRESS	2701 JENKINS POINT RD.	
CITY-ST-ZIP	SEABROOK ISLAND, SC 29455	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy S. Barry	
STREET ADDRESS	1800 PineWood Circle	
CITY-ST-ZIP	Charlotte NC 28211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See attached listing	
STREET ADDRESS	of officers and board of	
CITY-ST-ZIP	trustees	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vera H. Twigg* **Vera H. Twigg, Sr VP & CFO** 4/23/07 (309)951-4422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40107714
#83457

Attachment

**CORPORATE OFFICERS
OF THE CYSTIC FIBROSIS FOUNDATION**

Robert J. Beall, Ph.D., President and Chief Executive Officer

C. Richard Mattingly, Secretary, Executive Vice President and Chief Operating Officer

Preston W. Campbell, III, M.D., Executive Vice President for Medical Affairs, Assistant Secretary

Vera H. Twigg, Senior Vice President and Chief Financial Officer, Assistant Secretary

Attachment

ATTACHMENT

40107714
#813457

**CYSTIC FIBROSIS FOUNDATION
BOARD OF TRUSTEES**

(as of May 25, 2006)

Frank J. Accurso, M.D. **(MAC Chairman)**

Department of Pediatrics
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University of Colorado
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Amy S. Barry **(Leadership Council Chair)**

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AmyB667032@aol.com

Robert J. Beall, Ph.D. **(President & CEO)**

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Frank Deford **(Chairman Emeritus, non-voting)**

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ATTACHMENT

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