# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2007**
**Secretary of State**

DOCUMENT# N03000006794

**Entity Name:** PERILLO-STAFFORD LEUKEMIA FOUNDATION, INC.

**Current Principal Place of Business:**

19628 LAKE OSCEOLA LANE
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

19628 LAKE OSCEOLA LANE
ODESSA, FL 33556 US

**New Mailing Address:**

17633 GUNN HWY
SUITE 174
ODESSA, FL 33556 US

**FEI Number: 14-1892675** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, SCOTT D
4890 WEST KENNEDY BLVD
SUITE 240
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: PERILLO, JOSEPH
Address: 19628 LAKE OSCEOLA LANE
City-St-Zip: ODESSA, FL 33556 US

Title: D ( ) Delete
Name: STAFFORD, RANDY
Address: 13039 ROYAL GEORGE AVE
City-St-Zip: ODESSA, FL 33556 US

Title: D ( ) Delete
Name: NELSON, SCOTT F
Address: 4890 WEST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STAFFORD, RANDY
Address: 10702 BEAGLE RUN PLACE
City-St-Zip: TAMPA, FL 33626 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH PERILLO D 04/16/2007

Electronic Signature of Signing Officer or Director Date