


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P34349 (1)
 1. Corporation Name
NATIONAL BRAIN TUMOR FOUNDATION INCORPORATED

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|--|--|
| Principal Place of Business 785 MARKET ST. SUITE 1600 SAN FRANCISCO CA 94103 | Mailing Address 785 MARKET ST. SUITE 1600 SAN FRANCISCO CA 94103 |
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3. Date Incorporated or Qualified
06/18/1991

4. FEI Number
94-2876985 Applied For Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No



| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. | 22. Mailing Address Suite, Apt. #, etc. |
| 23. City & State | 27. City & State |
| 24. Zip | 25. Country |
| 26. Zip | 29. Country |

9. Name and Address of Current Registered Agent
**GURWITCH, SHIRLEY
 2525 SUNSET DR.
 MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KERN, ARTHUR H. | 1.2 NAME | |
| STREET ADDRESS | 1700 MONTGOMERY ST. #324 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMB, SHARON | 2.2 NAME | |
| STREET ADDRESS | 2942 DIVISADERO ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRODERSON, RICHARD | 3.2 NAME | |
| STREET ADDRESS | 5237 GOLDEN GATE AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OAKLAND CA | 3.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMITH, JAMES G. | 4.2 NAME | |
| STREET ADDRESS | 1 MONTGOMERY ST., #1210 | 4.3 STREET ADDRESS | M JANISC BREWER 785 MARKET ST. #1600 SAN FRANCISCO CA 94103 |
| CITY-ST-ZIP | SAN FRANCISCO CA | 4.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEWMAN, WALTER | 5.2 NAME | |
| STREET ADDRESS | 870 MARKET, #917 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARBER, CONNIE | 6.2 NAME | |
| STREET ADDRESS | 1272 CAROLINE ST. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALAMEDA CA | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4/13/98 (415) 284-0208**

CR2E037 (10/97)