

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006**  
**Secretary of State**

DOCUMENT# P34349

**Entity Name:** BRAIN TUMOR FOUNDATION OF AMERICA INCORPORATED

**Current Principal Place of Business:**

22 BATTERY STREET  
SUITE 612  
SAN FRANCISCO, CA 94111

**New Principal Place of Business:**

**Current Mailing Address:**

22 BATTERY STREET  
SUITE 612  
SAN FRANCISCO, CA 94111

**New Mailing Address:**

**FEI Number:** 94-2876985      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PIZZI, CHRISTOPHER  
2199 S CONWAY ROAD  
APT #1424  
ORLANDO, FL 332812 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: FARBER, CONNIE  
Address: 22 BATTERY STREET  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: D            ( ) Delete  
Name: GORDON, ANN  
Address: 22 BATTERY STREET  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: D            ( ) Delete  
Name: KELLEY, RICHARD  
Address: 22 BATTERY STREET  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: C            ( ) Delete  
Name: MC CORMACK, JAN  
Address: 22 BATTERY STREET  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: T            ( ) Delete  
Name: LAMB, SHARON RN  
Address: 22 BATTERY STREET  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: S            ( ) Delete  
Name: EARNHART, JULIE  
Address: 22 BATTERY STREET  
City-St-Zip: SAN FRANCISCO, CA 94111

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

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

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

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

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

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

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: NANCY GAGGIOLI-MEDEIROS

DD

04/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date