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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name N50496 (1)

THE SONYA TRALINS MEMORIAL CANCER/LEUKEMIA FOUND

THE SONYA TRALINS MEMORIAL CANCER/LEUKEMIA FOUND ATION, INC.							
ncipal Place of I	Business	Mailing Address					
850 TAMPA RO	AD	3850 TAMPA ROAD					
102		302 Palm Harbor FL 34684		2 Data language and a O served	3a Dota	of Last Re	port
PALM HARBOR	FL 34684	PALM HARBOR FL 34684 US		3. Date Incorporated or Qualified 34 08/21/1992		4/21/199	
JS				4. FEI Number		·, - ·	oplied For
Principal Place	of Business	2a. Mailing Address		4. FEI Number 65-0373596		No	ot Applicable
		Suite, Apt. #, etc.				\$8.75	
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Re	equired
City & Chair		City & State		6. Election Campaign Financing			May Be
City & State		28		Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	intangible tax ] Yes 🔼	unders. 1 No	:55.032,
	25	29 3	00	Florida Statutes  10. Name and Address of New R	egistered A	gent	
	9. Name and Address of Currer	nt Registered Agent	81 Name	IV. HAITIE BIN MUNICOS DI NOW IT			
			[ ]		اهار		
TRALINS A	AND ASSOCIATES, P.A.		82 Street Addr	ress (P.O. Box Number is Not Acceptab	ne)		
ONE BISC	CAYNE TOWER SUITE 3310		83				
2 S BISCAYNE BLVD						RE 7:-	Code
MIAMI FL	33131		84 City	oration submits this statement for the pur ard of directors. I hereby accept the app	FL		
IGNATI IPE			Banisterad Aport const	red when reinstairing)	DATE		
S	lignature, typed or printed name of registered auro OFFICERS AI	ent and rife if applicable (NOTE- ND DIRECTORS	Registered Agent signature recipies	iso when revisitating? ADDITIONS/CHANGES TO OFF	FICERS AND		RS IN 12
12.	OFFICERS AI	THE ZERO CONT. IN CONT. INC.		eo when resistativa): AODITIONS/CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 12
SI-	OFFICERS AF	ND DIRECTORS	13. 11TITLE 1.2 NAME	eo when revistary) AODITIONS/CHANGES TO OFF	FICERS AND		AS IN 12
12. TITLE	OFFICERS AI	ND DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS	so when revisitaling) AODITIONS/CHANGES TO OFF	FICERS AND		⊀S IN 12 ☐ Addition
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SIGNATURE: \_

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3 789-0200 Daytime Phone #