

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90057 033 \*\*\*\*61.25

**DOCUMENT # N03000008212**

**1. Entity Name**  
**SHARON STRAUSS PARKER LYMPHOMA RESEARCH  
FOUNDATION, INC.**



**Principal Place of Business**  
C/O SHARON STRAUSS PARKER  
18168 DAYBREAK DRIVE  
BOCA RATON, FL 33496

**Mailing Address**  
C/O SHARON STRAUSS PARKER  
18168 DAYBREAK DRIVE  
BOCA RATON, FL 33496

40061692



**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-NP CR2E037 (12/06)

City & State

City & State

**4. FEI Number**  
20-0447808

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

REDGRAVE & TURNER LLP  
120 E PALMETTO PRK RD  
SUITE 450  
BOCA RATON, FL 33432

**Name** REDGRAVE & ROSENTHAL LLP

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

(NAME CHANGE ONLY)

**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**

*Arthur R. Regrave*

Arthur R. Regrave, Partner  
Redgrave & Rosenthal LLP

4-12-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** D ☐ Delete  
**NAME** STRAUSS PARKER, SHARON  
**STREET ADDRESS** 18168 DAYBREAK DRIVE  
**CITY-ST-ZIP** BOCA RATON, FL 33496

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** REDGRAVE, ARTHUR R ESQ.  
**STREET ADDRESS** 18168 DAYBREAK DRIVE  
**CITY-ST-ZIP** BOCA RATON, FL 33496

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** GOY, ANDRE DR.  
**STREET ADDRESS** 18168 DAYBREAK DRIVE  
**CITY-ST-ZIP** BOCA RATON, FL 33496

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** MARSHAL, PAUL ESQ  
**STREET ADDRESS** 165 AVE OF THE AMERICAS  
**CITY-ST-ZIP** NEW YORK, NY 10018

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** TRUSCH, NORMA ESQ.  
**STREET ADDRESS** 18168 DAYBREAK DRIVE  
**CITY-ST-ZIP** BOCA RATON, FL 33496

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

*Sharon Strauss Parker* 3-14-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #