## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008212

FILED Mar 25, 2010 Secretary of State

Entity Name: SHARON STRAUSS PARKER LYMPHOMA RESEARCH FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 20-0447808 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

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

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.

III the State of Florid

SIGNATURE: Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D

Name: STRAUSS PARKER, SHARON Address: 18168 DAYBREAK DRIVE City-St-Zip: BOCA RATON, FL 33496

Title: D

Name: REDGRAVE, ARTHUR R ESQ.
Address: 18168 DAYBREAK DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title:

Name: GOY, ANDRE DR.
Address: 18168 DAYBREAK DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title:

Name: MARSHAL, PAUL ESQ Address: 165 AVE OF THE AMERICAS City-St-Zip: NEW YORK, NY 10018

Title: D

Name: TRUSCH, NORMA ESQ.
Address: 18168 DAYBREAK DRIVE
City-St-Zip: BOCA RATON, FL 33496

I hereby 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 all other like empowered.

SIGNATURE: SHARON STRAUSS PARKER D 03/25/2010