

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008212

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

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC2177946756**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 20-0447808**

**Certificate of Status Desired: Yes**

**Name and Address of Current 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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title D  
Name REDGRAVE, ARTHUR RESQ.  
Address 18168 DAYBREAK DRIVE  
City-State-Zip: BOCA RATON FL 33496

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

Title D  
Name TRUSCH, NORMA ESQ.  
Address 18168 DAYBREAK DRIVE  
City-State-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**

**PRESIDENT**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date