

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711873

FILED
Mar 28, 2005
Secretary of State

Entity Name: RUMBAUGH-GOODWIN INSTITUTE FOR CANCER RESEARCH, INC.

Current Principal Place of Business:

1850 N.W. 69TH AVENUE
SUITE #5
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

1850 N.W. 69TH AVENUE
SUITE #5
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 59-0866119 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALTER, WALTER
1850 NW 69 AVE, #5
PLANTATION, FL 33313 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: PD () Delete
Name: LEWIS, NELL M
Address: 1340 S.E. 7TH AVE.
City-St-Zip: POMPANO BCH, FL

Title: TD () Delete
Name: MARSHMAN, EDWARD
Address: 630 RIVIERA ISLE
City-St-Zip: FT. LAUDERDALE, FL

Title: SD () Delete
Name: SPIRO, CYRIL
Address: 2206 S UNIVERSITY DR
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: PD () Delete
Name: LEWIS, NELL M
Address: 4150 NE 22ND AVE.
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T () Delete
Name: MARSHMAN, EDWARD
Address: 630 RIVIERA ISLE DR.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V () Delete
Name: MCMILLAN, WILLIAM
Address: 901 SE 10TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WALTER ALLER

D

03/28/2005

Electronic Signature of Signing Officer or Director

Date