

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90029 026 ****70.00

DOCUMENT # 747258

1. Corporation Name

**GERTRUDE AND PHILIP STRAX BREAST CANCER RESEARCH
INSTITUTE, INC.**

Principal Place of Business

4300 N.UNIVERSITY DR.,#E200
LAUDERHILL FL 33351

Mailing Address

4300 N.UNIVERSITY DR.,#E200
LAUDERHILL FL 33351



2. Principal Place of Business

21 **1859 N PINE ISLAND RD**

2a. Mailing Address

26 **1859 N Pine Island Rd**

Suite, Apt. #, etc.

22 **#301**

Suite, Apt. #, etc.

27 **Suite 301**

City & State

23 **PLANTATION, FL**

City & State

28 **PLANTATION, FL**

Zip

24 **FL 33322**

Country

25 **US**

Zip

29 **33322**

Country

30 **US**

3. Date Incorporated or Qualified

05/21/1979

4. FEI Number

59-2115197

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MARTIN, GAYLE

4300 N.UNIVERSITY DR.,#E200
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name **MARTIN, GAYLE**

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

950 MOCKINGBIRD LA #614

83 **PLANTATION, FL**

City

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

GAYLE MARTIN President Gayle Martin **4/20/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
MARTIN, GAYLE
STREET ADDRESS **950 MOCKINGBIRD LANE**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **VD**
COOK, KAREN
STREET ADDRESS **1740 N.W. 60TH AVENUE**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE

NAME **TD**
BUCK, FRANK
STREET ADDRESS **9717 N NEW RIVER CANAL**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GAYLE MARTIN President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 954 473-2818

Date

Daytime Phone #

CR2E037 (11/98)

0039667