

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747258

FILED
Apr 19, 2004
Secretary of State**Entity Name:** GERTRUDE AND PHILIP STRAX BREAST CANCER RESEARCH INSTITUTE, INC.**Current Principal Place of Business:**1844 N. NOB HILL ROAD
410
PLANTATION, FL 33322**New Principal Place of Business:****Current Mailing Address:**1844 N. NOB HILL ROAD
410
PLANTATION, FL 33322**New Mailing Address:****FEI Number:** 59-2115197**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARTIN, GAYLE
950 MOCKINGBIRD LANE
#614
PLANTATION, FL 33324 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: MARTIN, GAYLE
Address: 950 MOCKINGBIRD LANE
City-St-Zip: PLANTATION, FL 33324**Title:** TD () Delete
Name: RUBINOWITZ, EVELYN
Address: 617 BALDWIN DR.
City-St-Zip: WEST HEMPSTEAD, NY 11552**Title:** VSD () Delete
Name: GARDNER, MARY ANN
Address: 28889 GARDNER RD
City-St-Zip: ELBERTA, AL 36530**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:

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: GAYLE MARTIN

PD

04/19/2004

Electronic Signature of Signing Officer or Director

Date