

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764564

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: FLORIDA CYSTIC FIBROSIS, INC.

## Current Principal Place of Business:

% CAROLYN H. SHUMWAY  
385 GRNET COURT  
FT. MILL, SC 29708

## New Principal Place of Business:

% CAROLYN H. SHUMWAY  
385 GARNET COURT  
FORT MILL, SC 29708

## Current Mailing Address:

% CAROLYN H. SHUMWAY  
385 GRNET COURT  
FT. MILL, SC 29708

## New Mailing Address:

% CAROLYN H. SHUMWAY  
385 GARNET COURT  
FORT MILL, SC 29708

FEI Number: 59-2222847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHUMWAY, CAROLYN H.  
4711 N.E. 29TH AVENUE  
FT. LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

SHUMWAY, CAROLYN H.  
385 GARNET COURT  
FORT MILL, FL 29708 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:

01/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHUMWAY, CAROLYN H.,  
Address: 385 GARNET CT  
City-St-Zip: FORT MILL, SC 29708

Title: SD ( ) Delete  
Name: COOK, DOROTHY,  
Address: 6850 QUEEN PALM TERR  
City-St-Zip: MIAMI LAKES, FL

Title: VD ( ) Delete  
Name: SOCOL, STUART,  
Address: 212 THREE ISLAND BLVD  
City-St-Zip: HALLANDALE, FL 30009

Title: T ( ) Delete  
Name: KONTINOS BELLA,  
Address: 3706 W. GULF DR.  
City-St-Zip: SANIBEL ISLAND, FL

## 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROLYN H SHUMWAY

PD

01/25/2009

Electronic Signature of Signing Officer or Director

Date