## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000000783

Entity Name: GIFT OF LIFE BONE MARROW FOUNDATION, INC.

FILED Jan 06, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7700 CONGRESS AVE 2201 BOCA RATON, FL 33487 **New Mailing Address: Current Mailing Address:** 7700 CONGRESS AVE BOCA RATON, FL 33487 FEI Number: 22-3131232 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FEINBERG, JACOB FEINBERG, JACOB 4740 YARDARM LANE 7700 CONGRESS AVENUE BOYNTON BEACH, FL 33436 US 2201 BOCA RATON, FL 33487 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: JACOB FEINBERG 01/06/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FEINBERG, JAY Name: Name: 4740 YARDARM LANE Address: Address: City-St-Zip: BOYNTON BEACH, FL City-St-Zip: Title: Title: ( ) Delete () Change () Addition FEINBERG, JACOB Name: Name: Address: 4740 YARDARM LANE Address: City-St-Zip: BOYNTON BEACH, FL City-St-Zip: Title: () Delete Title: () Change () Addition FEINBERG, ARLENE Name: Name: Address: 4740 YARDARM LANE Address: City-St-Zip: BOYNTON BEACH, FL City-St-Zip: Title: ( ) Delete Title: () Change () Addition KALICHSTEIN, ROWAIN ESQ Name: Name: 101 BURAND RD Address: Address: City-St-Zip: MAPLEWOOD, NJ 07040 City-St-Zip: Title: () Delete Title: () Change () Addition ROCHELLE, SISLEN Name: Name: 4159 MC DONALD DR Address: Address: City-St-Zip: BETHESDA, MD 20817 City-St-Zip: Title: () Delete Title: () Change () Addition SPECTOR, RUTH MD Name: Name: Address: 21 FOR HUNT LN Address: GREAT NECK, NY 11020 City-St-Zip: 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: JACOB FEINBERG VT 01/06/2004