2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000783

FILED Apr 27, 2007 Secretary of State

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

				·	
Current P	rincipal Place	of Business:	New Prin	cipal Place of Business:	
7700 CON 2201	IGRESS AVE				
	TON, FL 3348	7			
Current Mailing Address:			New Mail	New Mailing Address:	
7700 CON	IGRESS AVE				
2201 BOCA RA	TON, FL 3348	7			
	: 22-3131232	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
	G, JACOB				
7700 CON 2201	IĞRESS AVEN	IUE			
	TON, FL 3348	7 US			
	e named entity s e of Florida.	submits this statement for the	e purpose of changing	its registered office or registered agent, or both	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			gent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTO	
Γitle: Name: Address:	PT () FEINBERG, JA 4872 N CITATIO		Title: Name:	PT (X) Change () Addition FEINBERG, JAY	
City-St-Zip:	DELRAY BEAC		Address: City-St-Zip:	8780 VALHALLA DR. DELRAY BEACH, FL 33446	
	DELRAY BEAC	H, FL 33445) Delete COB DN DR 205		DELRAY BEACH, FL 33446 VT (X) Change () Addition FEINBERG, JACOB 8780 VALHALLA DR.	
City-St-Zip: Fitle: Name: Address:	DELRAY BEAC VT () FEINBERG, JA 4872 N CITATIO DELRAY BEAC D () BROWN, DANII	H, FL 33445 Delete COB DN DR 205 H, FL 33445 Delete EL ESQ DRGETOWN RD #500	City-St-Zip: Title: Name: Address:	DELRAY BEACH, FL 33446 VT (X) Change () Addition FEINBERG, JACOB 8780 VALHALLA DR.	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	DELRAY BEAC VT () FEINBERG, JA: 4872 N CITATIO DELRAY BEAC D () BROWN, DANII 7700 OLD GEO BETHESDA, MI	H, FL 33445 Delete COB DN DR 205 H, FL 33445 Delete EL ESQ DRGETOWN RD #500 D 20814 Delete ROWAIN ESQ	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	DELRAY BEACH, FL 33446 VT (X) Change () Addition FEINBERG, JACOB 8780 VALHALLA DR. DELRAY BEACH, FL 33446	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Name: Name: Name: Name: Name:	DELRAY BEAC VT () FEINBERG, JAI 4872 N CITATION DELRAY BEAC D () BROWN, DANII 7700 OLD GEO BETHESDA, MI D () KALICHSTEIN, 101 BURAND R MAPLEWOOD,	H, FL 33445 Delete COB DN DR 205 H, FL 33445 Delete EL ESQ DRGETOWN RD #500 D 20814 Delete ROWAIN ESQ DN J 07040 Delete SLEN ALD DR	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	DELRAY BEACH, FL 33446 VT (X) Change () Addition FEINBERG, JACOB 8780 VALHALLA DR. DELRAY BEACH, FL 33446 () Change () Addition	

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: JACOB FEINBERG VT 04/27/2007