2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# F00000000783

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

Current Principal Place of Business:

800 NW 51ST STREET
101
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

800 NW 51ST STREET
101
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 22-3131232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEINBERG, JACOB
800 NW 51ST STREET
101
BOCA RATON, FL 33431 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:	PT	( ) Delete
Name:	FEINBERG, JAY	
Address:	8780 VALHALLA DR.	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	VT	( ) Delete
Name:	FEINBERG, JACOB	
Address:	8780 VALHALLA DR.	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	D	( ) Delete
Name:	BROWN, DANIEL ESQ	
Address:	7700 OLD GEORGETOWN RD #500	
City-St-Zip:	BETHESDA, MD 20814	
Title:	D	( ) Delete
Name:	KALICHSTEIN, ROWAIN ESQ	
Address:	101 BURAND RD	
City-St-Zip:	MAPLEWOOD, NJ 07040	
Title:	D	( ) Delete
Name:	ROCHELLE, SISLEN	
Address:	4159 MC DONALD DR	
City-St-Zip:	BETHESDA, MD 20817	
Title:	D	( ) Delete
Name:	SPECTOR, RUTH MD	
Address:	21 FOR HUNT LN	
City-St-Zip:	GREAT NECK, NY 11020	

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:	
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: JAY FEINBERG P 01/08/2009

Electronic Signature of Signing Officer or Director — Date