

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000003733

1. Entity Name
FRIENDS OF ESSENTIAL THROMBOCYTHEMIA, INC.



Principal Place of Business
**10445 TERRA LAGO DR
WEST PALM BCH, FL 33412**

Mailing Address
**10445 TERRA LAGO DR
WEST PALM BCH, FL 33412**



01282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1608492

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILTZ, CELIA
10445 TERRA LAGO DR
WEST PALM BCH, FL 33412**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000807402
02/07/08-80007-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
MILTZ, CELIA
10445 TERRA LAGO DR
WEST PALM BCH, FL 33412**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ROY, FREDERICK
123 BRUSHY HILL RD
NEWTONWN, CT 06470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ITIN, ANDREA
15 COLONIAL RD
WESTPORT, CT 06880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MILTZ, DONALD
10445 TERRA LAGO DR
WEST PALM BCH, FL 33412**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BARTRAM, THOMAS
12 GOVERNORS LANE
BETHEL, CT 06801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Celia Miltz President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/08 561-253-8061