

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003733

FILED
Jan 09, 2009
Secretary of State

Entity Name: FRIENDS OF ESSENTIAL THROMBOCYTHEMIA, INC.

Current Principal Place of Business:

10445 TERRA LAGO DR
WEST PALM BCH, FL 33412

New Principal Place of Business:

Current Mailing Address:

10445 TERRA LAGO DR
WEST PALM BCH, FL 33412

New Mailing Address:

FEI Number: 06-1608492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILTZ, CELIA
10445 TERRA LAGO DR
WEST PALM BCH, FL 33412 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: CP () Delete
Name: MILTZ, CELIA
Address: 10445 TERRA LAGO DR
City-St-Zip: WEST PALM BCH, FL 33412

Title: DS () Delete
Name: ROY, FREDERICK
Address: 123 BRUSHY HILL RD
City-St-Zip: NEWTONWN, CT 06470

Title: D () Delete
Name: ITIN, ANDREA
Address: 15 COLONIAL RD
City-St-Zip: WESTPORT, CT 06880

Title: VP () Delete
Name: MILTZ, DONALD
Address: 10445 TERRA LAGO DR
City-St-Zip: WEST PALM BCH, FL 33412

Title: T (X) Delete
Name: BARTRAM, THOMAS
Address: 12 GOVERNORS LANE
City-St-Zip: BETHEL, CT 06801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MILTZ, CELIA
Address: 10445 TERRA LAGO DR
City-St-Zip: WEST PALM BCH, FL 33412

Title: DS (X) Change () Addition
Name: ROY, FREDERICK
Address: 123 BRUSHY HILL RD
City-St-Zip: NEWTOWN, CT 06470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: MILTZ, DONALD
Address: 10445 TERRA LAGO DR
City-St-Zip: WEST PALM BCH, FL 33412

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: CELIA MILTZ

DP

01/09/2009

Electronic Signature of Signing Officer or Director

Date