

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004079

FILED
Feb 08, 2012
Secretary of State

Entity Name: THE HAZEL K. GODDESS FUND FOR STROKE RESEARCH IN WOMEN, INC.

Current Principal Place of Business:

1217 S. FLAGLER DR., SUITE 302
W. PALM BCH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1217 S. FLAGLER DR., SUITE 302
W. PALM BCH, FL 33401

New Mailing Address:

FEI Number: 13-4172466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODDESS, LYNN B
1217 S. FLAGLER DR., SUITE 302
W. PALM BCH, FL 33401 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: C
Name: GODDESS, LYNN B
Address: 785 PARK AVE., APT. 3E
City-St-Zip: NEW YORK, NY 10021

Title: D
Name: BLYTH, MYRNA
Address: 90 RIVERSIDE DR.
City-St-Zip: NEW YORK, NY 10024

Title: CEO
Name: GODDESS, LYNN B
Address: 785 PARK AVE., APT. 3E
City-St-Zip: NEW YORK, NY 10021

Title: V
Name: HORNER, MATINA
Address: 75 CAMBRIDGE PKWY
City-St-Zip: CAMBRIDGE, MA 02142

Title: S
Name: MOCHARY, MARY V
Address: 2700 VIRGINIA AVE., NW
City-St-Zip: WASHINGTON, DC 20037

Title: T
Name: KERR, LOU C
Address: 12801 TWISTED OAK RD.
City-St-Zip: OKLAHOMA CITY, OK 73120

I hereby 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 all other like empowered.

SIGNATURE: LYNN B, GODDESS

CEO

02/08/2012

Electronic Signature of Signing Officer or Director

Date