


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001603		
1. Entity Name BRAIN TUMOR FOUNDATION INC.		
Principal Place of Business 1592 SE BALLANTRAE COURT PORT SAINT LUCIE, FL 34952-6040		Mailing Address 1592 SE BALLANTRAE COURT PORT SAINT LUCIE, FL 34952-6040
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HAMMER, LOWELL V 1592 SW BALLANTRAE COURT PORT SAINT LUCIE, FL 34952-6040		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PTD	
NAME	CARTER, HAMMER L	
STREET ADDRESS	12641 WHITBY STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	VTD	
NAME	HAMMER, LOWELL V	
STREET ADDRESS	1592 S.E. BALLANTRAE CT.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349526040	
TITLE	SD	
NAME	HAMMER, ELIZABETH B	
STREET ADDRESS	1592 S.E. BALLANTRAE CT.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349526040	
TITLE	D	
NAME	LIETZ, TERRY	
STREET ADDRESS	800 BROWN ST.	
CITY-ST-ZIP	KEY LARGO, FL 33047	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Lowell V. Hammer</u>		6 January 2006 772 337-7651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Lowell V. Hammer</u>		Date Daytime Phone #



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-1082640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

000000380278
01/11/06-80007-018 70.00

**DO NOT WRITE
IN THIS SPACE**