

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007674

FILED
Apr 23, 2004
Secretary of State

Entity Name: RON J. SPADOLA LYMPHOMA FOUNDATION, INC.

Current Principal Place of Business:

2850 N. PALM AIRE DR., #204
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2850 N. PALM AIRE DR., #204
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-1149895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPADOLA, JENNY
2850 N. PALM AIRE DR., #204
POMPANO BEACH, FL 33069

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: D () Delete
Name: SPADOLA, JENNY
Address: 2850 N. PALM AIRE DR., #204
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: D () Delete
Name: CANOVA, MELISSA
Address: 9001 NW 25TH CT
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: SPADOLA, JANET
Address: 4731 NW 15TH ST
City-St-Zip: COCONUT CREEK, FL 33063

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: STASIEWICZ, KARA MRS.
Address: 12139 NW 30TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065 FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JENNY SPADOLA

D

04/23/2004

Electronic Signature of Signing Officer or Director

Date