

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006780

FILED
Feb 04, 2006
Secretary of State

Entity Name: THE RON AND DIANNE FARB CLIMB FOR CANCER FOUNDATION, INC.

Current Principal Place of Business:

3424 SW 92ND STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5745 SW 75TH ST
317
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 11-3655183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARB, B. DIANNE
3424 SW 92ND STREET
GAINESVILLE, FL 32608 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: VP () Delete
Name: FARB, B. DIANNE
Address: 3424 SW 92ND STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: P () Delete
Name: FARB, RONALD G
Address: 3424 SW 92ND STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: TARNUZZER, NINA
Address: 11203 SW 16TH ST
City-St-Zip: MICANOPY, FL 32667

Title: S () Delete
Name: RODGERS, SUSAN
Address: 144 LAUREL LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: BRIGHT, FRED
Address: 3512 KYLEMORE COURT
City-St-Zip: CHARLOTTE, NC 28210

Title: D () Delete
Name: MORTON, DAVE
Address: 3430 44TH AVE SW
City-St-Zip: SEATTLE, WA 98116

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: S (X) Change () Addition
Name: FARB, DIANNE
Address: 3424 SW 92ND STREET
City-St-Zip: GAINESVILLE, FL 32608

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: B. DIANNE FARB

VP

02/04/2006

Electronic Signature of Signing Officer or Director

Date