2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N02000006780

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:	FARB, DIANNE	
Address:	3424 SW 92ND STREET	
City-St-Zip:	GAINESVILLE, FL 32608	
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:	MEDINA, RICK	
Address:	4962 SW 91ST WAY	
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 01/04/2007

Electronic Signature of Signing Officer or Director — Date