

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005116

FILED
Feb 04, 2004
Secretary of State**Entity Name:** SPINAL CORD TUMOR ASSOCIATION, INC.**Current Principal Place of Business:**4636 COUNTRY MILL RD.
JAY, FL 32565**New Principal Place of Business:****Current Mailing Address:**4636 COUNTRY MILL RD.
JAY, FL 32565**New Mailing Address:**P.O. BOX 461
JAY, FL 32565**FEI Number:** 77-0605766**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STOPHEL, LINDA
4636 COUNTRY MILL RD.
JAY, FL 32565**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: BOSTIAN, IDA
Address: 300 M. ST., S.W., UNIT N-715
City-St-Zip: WASHINGTON, DC 20024

Title: D () Delete
Name: VINCIGUERRA, JOE
Address: 55376 PARKVIEW DR.
City-St-Zip: SHELBY TOWNSHIP, MI 48316

Title: D () Delete
Name: KIVIK, JACK
Address: 3 BROADWAY AVE., STE. 310
City-St-Zip: TORONTO, ON, M4P 1T7,

Title: SD () Delete
Name: GUZIK, TOM
Address: 1702 FOXWOOD GLEN
City-St-Zip: CONYERS, GA 30013

Title: D () Delete
Name: MANDEL, MISSY
Address: 118 DUNBLAINE AVE.
City-St-Zip: TORONTO, ON, M5M 2S3,

Title: D () Delete
Name: TENEICKEN, ANN MARIE
Address: 33 BERKMAN DR.
City-St-Zip: MIDDLETOWN, NY 10941

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 (X) Change () Addition
Name: STOPHEL, LINDA
Address: 4636 COUNTRY MILL ROAD
City-St-Zip: JAY, FL 32565

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 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: IDA BOSTIAN

D

02/04/2004

Electronic Signature of Signing Officer or Director

Date

KENT DAVIS / DIRECTOR
159 HOLIDAY DR.
MARTINEZ, GA 30907

ROBERT GREEN / DIRECTOR
3217 W. 78TH AVE.
MERILLVILLE, IN 46410