

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005116

FILED  
Mar 08, 2005  
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:

P.O. BOX 461  
JAY, FL 32565

## New Mailing Address:

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 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: 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: D ( ) Delete  
Name: STOPHEL, LINDA  
Address: 4636 COUNTRY MILL ROAD  
City-St-Zip: JAY, FL 32565

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

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

Title: D (X) Change ( ) Addition  
Name: DAVIS, KENT  
Address: 159 HOLIDAY DR.  
City-St-Zip: MARTINEZ, GA 30907 US

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

DIR

03/08/2005

Electronic Signature of Signing Officer or Director

Date