


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90188 030 ****61.25

DOCUMENT # N03000005116	
1. Entity Name SPINAL CORD TUMOR ASSOCIATION, INC.	

Principal Place of Business 4636 COUNTRY MILL RD. JAY, FL 32565	Mailing Address P.O. BOX 461 JAY, FL 32565
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
77-0605766

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

04152006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent	
STOPHEL, LINDA 4636 COUNTRY MILL RD. JAY, FL 32565	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSTIAN, IDA 300 M. ST., S.W., UNIT N-715 WASHINGTON, DC 20024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCIGUERRA, JOE 55376 PARKVIEW DR. SHELBY TOWNSHIP, MI 48316 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIVIK, JACK 3 BROADWAY AVE., STE. 310 TORONTO, ON, M4P 1T7, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOPHEL, LINDA 4636 COUNTRY MILL ROAD JAY, FL 32565 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDEL, MISSY 118 DUNBLAINE AVE. TORONTO, ON, M5M 2S3, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, KENT 159 HOLIDAY DR. MARTINEZ, GA 30907 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID Bostian, Ida 19910 Wright Drive Los Gatos, CA 95033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Dorundo, Lynn 6055 Waggoners Gap Rd. Landisburg, PA 17040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Kivik, Jack 3 Broadway Ave, Ste. 205 Toronto, ON M4P 1T7 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Stophel, Linda 4636 Country Mill Rd. Jay, FL 32565 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Mandel, Missy 118 Dunblaine Ave. Toronto, ON, M5A 2S3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Public Relations Assistant / D Jaeger, Joanne 17 Allendale Rd. Yonkers, NY 10710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Plus see attached sheet</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ida L. Bostian* **4-14-06** **408-353-5243**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40054845

#103000005116

2006 Not-For-Profit Corporation Annual Report, Additional Page

Block #11 (Additions/Changes to Officers and Directors) Continued:

Title: Webmaster / D
Name: Green, Robert
Street Address: 3217 W. 28th Ave.
City - St - Zip: Merrillville, IN 46410

Title: D
Name: Klein, Scott
Street Address: W.5201 Birchwood LN.
City - St - Zip: Lacrosse, WI 54601

Title: D
Name: Engelman, Steven
Street Address: 12819 Gores Mill Rd.
City - St - Zip: Reisterstown, MD 21136