

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005116

FILED
Apr 25, 2009
Secretary of State

Entity Name: SPINAL CORD TUMOR ASSOCIATION, INC.

Current Principal Place of Business:

4636 COUNTRY MILL RD.
JAY, FL 32565 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 461
JAY, FL 32565 US

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: VD () Delete
Name: BOSTIAN, IDA
Address: 19910 WRIGHT DR
City-St-Zip: LOS GATOS, CA 95033 US

Title: TD () Delete
Name: DORUNDO, LYNN
Address: 165 CLOUSER HOLLOW RD
City-St-Zip: ELLIOTTSBURG, PA 17024 US

Title: CD () Delete
Name: KIVIK, JACK
Address: 3 BROADWAY AVE., SUITE 205
City-St-Zip: TORONTO, ON, M4P 1T7, ON M4P1T7 ON

Title: PD () Delete
Name: STOPHEL, LINDA
Address: 4636 COUNTRY MILL RD
City-St-Zip: JAY, FL 32565 US

Title: SD () Delete
Name: MANDEL, MISSY
Address: 118 DUNBLAINE AVE.
City-St-Zip: TORONTO, ON, M5M 2S3, ON M5M2S3 ON

Title: PRAD () Delete
Name: JAEGER, JOANNE
Address: 17 ALLENDALE ROAD
City-St-Zip: YONKERS, NY 10710 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BOSTIAN, IDA
Address: 1505 MARTIN AVE
City-St-Zip: SAN JOSE, CA 95126 US

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

Title: CD (X) Change () Addition
Name: KIVIK, JACK
Address: 2155 LAWRENCE AVE. E. #1106
City-St-Zip: TORONTO, ON M1R 5G9 CA

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

Title: SD (X) Change () Addition
Name: MANDEL, MISSY
Address: 455 ST. CLEMENTS AVE.
City-St-Zip: TORONTO, ON M5N 1T7 CA

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

I hereby certify that the information supplied with this filing does not qualify 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: IDA BOSTIAN

VD

04/25/2009

Electronic Signature of Signing Officer or Director

Date