

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005116

FILED  
Feb 14, 2010  
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  
**Name:** BOSTIAN, IDA L  
**Address:** 1505 MARTIN AVE  
**City-St-Zip:** SAN JOSE, CA 95126 US

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

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

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

**Title:** SD  
**Name:** MANDEL, MISSY  
**Address:** 455 ST. CLEMENTS AVE.  
**City-St-Zip:** TORONTO, ON M5N 1T7 CA

**Title:** D  
**Name:** JAEGER, JOANNE  
**Address:** 17 ALLENDALE ROAD  
**City-St-Zip:** YONKERS, NY 10710 US

I hereby 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 all other like empowered.

**SIGNATURE:** IDA L. BOSTIAN

VD

02/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date