

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90057 033 ****61.25

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1. Entity Name
**SHARON STRAUSS PARKER LYMPHOMA RESEARCH
FOUNDATION, INC.**



Principal Place of Business
C/O SHARON STRAUSS PARKER
18168 DAYBREAK DRIVE
BOCA RATON, FL 33496

Mailing Address
C/O SHARON STRAUSS PARKER
18168 DAYBREAK DRIVE
BOCA RATON, FL 33496

40061692



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-0447808

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDGRAVE & TURNER LLP
120 E PALMETTO PRK RD
SUITE 450
BOCA RATON, FL 33432

Name REDGRAVE & ROSENTHAL LLP

Street Address (P.O. Box Number is Not Acceptable)

(NAME CHANGE ONLY)

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

Arthur R. Regrave

Arthur R. Regrave, Partner
Redgrave & Rosenthal LLP

4-12-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME STRAUSS PARKER, SHARON
STREET ADDRESS 18168 DAYBREAK DRIVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME REDGRAVE, ARTHUR R ESQ.
STREET ADDRESS 18168 DAYBREAK DRIVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOY, ANDRE DR.
STREET ADDRESS 18168 DAYBREAK DRIVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARSHAL, PAUL ESQ
STREET ADDRESS 165 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TRUSCH, NORMA ESQ.
STREET ADDRESS 18168 DAYBREAK DRIVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sharon Strauss Parker 3-14-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #