

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007620

FILED
Jun 24, 2009
Secretary of State

Entity Name: CONNECTING FOR THE CURE FOUNDATION CORP.

Current Principal Place of Business:

12585 N.W. 76 STREET
PARKLAND, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

12585 N.W. 76 STREET
PARKLAND, FL 33076 US

New Mailing Address:

FEI Number: 20-1455481 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOLDSTEIN, MARK
12585 N.W. 76 STREET
PARKLAND, FL 33076 US

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: TSD () Delete
Name: GOLDSTEIN, MARK
Address: 12585 N.W. 76 STREET
City-St-Zip: PARKLAND, FL 33076 US

Title: PD () Delete
Name: GOLDSTEIN, BROOKE
Address: 12585 N.W. 76 STREET
City-St-Zip: PARKLAND, FL 33076 US

Title: D () Delete
Name: GOLDSTEIN, GREGG
Address: 12585 N.W. 76 STREET
City-St-Zip: PARKLAND, FL 33076 US

Title: D () Delete
Name: MILLER, EDWARD
Address: 287 LANGLEY RD. #48
City-St-Zip: NEWTON CENTRE, MA 02469 US

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:

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: MARK GOLDSTEIN

MR.

06/24/2009

Electronic Signature of Signing Officer or Director

Date