

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006334

FILED
Apr 08, 2007
Secretary of State

Entity Name: SIMON CANCER FOUNDATION INCORPORATED

Current Principal Place of Business:

5222 NORTH SPRINGS WAY
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 25093
TAMARAC, FL 33320

New Mailing Address:

FEI Number: 20-3089282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, FARRELL
5222 NORTH SPRINGS WAY
CORAL SPRINGS, FL 33076 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: D () Delete
Name: SIMON, FARRELL
Address: 5222 NORTH SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: SIMON, HARVEY
Address: 5222 NORTH SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: SIMON, CATHY
Address: 5222 NORTH SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MARZOUCA, JOSEPH
Address: 102 SANTANDER DRIVE
City-St-Zip: JUPITER, FL 33458

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

Title: D () Change (X) Addition
Name: VARGAS, JOSEPH
Address: 1931 STAMFORD CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Change (X) Addition
Name: LEVY, JASON
Address: 222 RICHARDS LANE
City-St-Zip: HEWLETT HARBOR, NY 11557

Title: D () Change (X) Addition
Name: WELCH, SHANNON
Address: 4994 NORTH CITATION DRIVE #204
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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: FARRELL SIMON

D

04/08/2007

Electronic Signature of Signing Officer or Director

Date