2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2008
Secretary of State

DOCUMENT# N05000006334

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 ( )**
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:

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:	MARZOUCA, JOSEPH	
Address:	102 SANTANDER DRIVE	
City-St-Zip:	JUPITER, FL 33458	
Title:	D	( ) Delete
Name:	SIMON, CATHY	
Address:	5222 NORTH SPRINGS WAY	
City-St-Zip:	CORAL SPRINGS, FL 33076	
Title:	D	( ) Delete
Name:	VARGAS, JOSEPH	
Address:	1931 STAIMFORD CIRCLE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	LEVY, JASON	
Address:	222 RICHARDS LANE	
City-St-Zip:	HEWLETT HARBOR, NY 11557	
Title:	D	( ) Delete
Name:	WELCH, SHANNON	
Address:	4994 NORTH CITATION DRIVE #204	
City-St-Zip:	DELRAY BEACH, FL 33445	

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:	D	(X) Change ( ) Addition
Name:	JOSHUA, WALKER	
Address:	807 BAYLESS RD	
City-St-Zip:	JONESBOROUGH, TN 37659	
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: FARRELL SIMON D 08/10/2008

Electronic Signature of Signing Officer or Director — Date