

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010350

FILED
May 01, 2007
Secretary of State

Entity Name: SHELLY L. FRIAS FOUNDATION FOR THE ADVANCEMENT OF EPENDYMOMA RESEARCH, INC.

Current Principal Place of Business:

5370 GARRISON CIRCLE
SAN JOSE, CA 95123

New Principal Place of Business:

Current Mailing Address:

5370 GARRISON CIRCLE
SAN JOSE, CA 95123

New Mailing Address:

FEI Number: 20-5652039 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

DELAFUENTE LAW GROUP, P.A.
5201 BLUE LAGOON DRIVE
800
MIAMI, FL 33126 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: P () Delete
Name: BUNCH, KELLY J
Address: 5370 GARRISON CIRCLE
City-St-Zip: SAN JOSE, CA 95123

Title: S () Delete
Name: PIFER, DALE
Address: 1896 LIBERTY COURT
City-St-Zip: FORTUNA, CA 95540

Title: V () Delete
Name: DELAFUENTE, FRANCES S
Address: 11617 SW 7 TERRACE
City-St-Zip: MIAMI, FL 33174

Title: T () Delete
Name: BUNCH, JEFFREY J
Address: 5370 GARRISON CIRCLE
City-St-Zip: SAN JOSE, CA 95123

Title: V () Delete
Name: PIFER, DARRELL
Address: 1896 LIBERTY COURT
City-St-Zip: FORTUNA, CA 95540

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:

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: FRANCES S. DELAFUENTE

V

05/01/2007

Electronic Signature of Signing Officer or Director

Date