

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010350

FILED
Apr 16, 2009
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 ()

Name and Address of Current Registered Agent:

DELAFUENTE LAW GROUP, P.A.
10631 N. KENDALL DRIVE
210
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

DELAFUENTE LAW GROUP, P.A.
6303 BLUE LAGOON DRIVE
400
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: FRANCES S. DELAFUENTE

04/16/2009

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

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date