

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011144

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** BARBARA GORDON LEUKEMIA BONE MARROW AWARENESS, INC

**Current Principal Place of Business:**

15216 SW 164TH STREET  
MIAMI, FL 33187

**New Principal Place of Business:**

15216 SW 164TH STREET  
MIAMI, FL 33187 US

**Current Mailing Address:**

2270 NE 37TH ROAD  
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:** 20-5777983      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHANG, CARMEN  
2270 NE 37TH ROAD  
HOMESTEAD, FL 33033 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: P ( ) Delete  
Name: GORDON, BARBARA  
Address: 15216 SW 164TH STREET  
City-St-Zip: MIAMI, FL 33187

Title: VT ( ) Delete  
Name: CHANG, CARMEN  
Address: 2270 NE 37TH ROAD  
City-St-Zip: HOMESTEAD, FL 33033

Title: S ( ) Delete  
Name: FEANNY, LORNA  
Address: 11543 SW 133 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: PARCHMENT, YVONNE  
Address: 12291 SW 144 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: HENRY, RUBY  
Address: 11831 SW 92 LANE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: HERROD, MICHAEL  
Address: 5386 NW 184 STREET  
City-St-Zip: MIAMI, FL 33055

**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:

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: CARMEN CHANG

PD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date