

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008778

FILED
Jan 06, 2008
Secretary of State

Entity Name: GREEK OUTREACH AGAINST LYMPHOMA INC.

Current Principal Place of Business:

808 WEST PANHELLENIC DR
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1247 SW 11TH AVE
GAINESVILLE, FL 32601

New Mailing Address:

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

Name and Address of Current Registered Agent:

DARST, IRIS K
1247 SW 11TH AVE
GAINESVILLE, FL 32601 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: DARST, IRIS K
Address: 1247 SW 11TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP () Delete
Name: DOPMAN, ASHLEY M
Address: 401 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SLACK, ANNE M
Address: 808 WEST PANHELLENIC DR
City-St-Zip: GAINESVILLE, FL 32601

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: IRIS K DARST

Electronic Signature of Signing Officer or Director

PRES

01/06/2008

Date