## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000001632

FILED Apr 15, 2009 Secretary of State

Entity Name: NEUROFIBROMATOSIS CENTER FOUNDATION CORP.

Current Principal Place of Business: New Principal Place of Business:

8319 BALGOWAN ROAD 7115 MIAMI LAKES DR

MIAMI LAKES, FL 33016 N - 32

MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

8319 BALGOWAN ROAD 7115 MIAMI LAKES DR

MIAMI LAKES, FL 33016 N - 32

MIAMI LAKES, FL 33014

FEI Number: 32-0194464 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SABBAGH, KATHERIN M 8319 BALGOWAN RAOD 7115 MIAMI LAKES DR

MIAMI LAKES, FL 33016 US N - 32

MIAMI LAKES, FL 33014 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: 04/15/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 SABBAGH, KATHERIN M MS.
 Name:
 SABBAGH, KATHERIN M MS.

 Address:
 8319 BALGOWAN ROAD
 Address:
 7115 MIAMI LAKES DR

 City-St-Zip:
 MIAMI LAKES, FL 33016
 City-St-Zip:
 MIAMI LAKES, FL 33014

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: KATHERIN M. SABBAGH P 04/15/2009