2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N08000011406

Entity Name: DA'MAURI DMAN ROBINSON CANCER FOUNDATION, INC

Current Principal Place of Business:

2990 NW 55TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

PO BOX 470943
MIAMI, FL 33247

New Mailing Address:

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

Name and Address of Current Registered Agent:

MISSICK, MARCIA
5592 NW 12TH COURT
2
MIAMI, FL 33142 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: PSD ( ) Delete
Name: JACOBS, LATOYA
Address: PO BOX 470943
City-St-Zip: MIAMI, FL 33247

Title: D ( ) Delete
Name: COLEMAN, NAKIESHA
Address: 1025 NW 155 LN APT 104
City-St-Zip: MIAMI, FL 33247

Title: D ( ) Delete
Name: BAILEY, ULRICA L
Address: P O BOX 470943
City-St-Zip: MIAMI, FL 33247

Title: D ( ) Delete
Name: CURE, TANGELA
Address: PO BOX 470943
City-St-Zip: MIAMI, FL 33247

Title: D ( ) Delete
Name: CURE, PATRICK
Address: PO BOX 470943
City-St-Zip: MIAMI, FL 33247

Title: D (X) Delete
Name: ROBINSON, DENNIS T JR
Address: PO BOX 470943
City-St-Zip: MIAMI, FL 33247

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: D (X) Change ( ) Addition
Name: COLEMAN, CLINTON
Address: PO BOX 470943
City-St-Zip: MIAMI, FL 33247

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: LATOYA JACOBS DIR 04/07/2009
Electronic Signature of Signing Officer or Director — Date