

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004583

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** THE MICHAEL ALAN KREPS SQUAMOUS CELL CARCINOMA RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

6050 VIA DIANA  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

8049 CLEARSHORE CIRCLE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

6050 VIA DIANA  
DELRAY BEACH, FL 33484

**New Mailing Address:**

8049 CLEARSHORE CIRCLE  
DELRAY BEACH, FL 33446

**FEI Number:** 27-2113296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POLOKOFF, PENNY M  
6050 VIA DIANA  
DELRAY BEACH, FL 33484 US

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

POLOKOFF, PENNY M  
8049 CLEARSHORE CIRCLE  
DELRAY BEACH, FL 33446 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:** PENNY M. POLOKOFF

02/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** POLOKOFF, PENNY M  
**Address:** 8049 CLEARSHORE CIRCLE  
**City-St-Zip:** DELRAY BEACH, FL 33446

**Title:** TD  
**Name:** ENGLE, ROBERT  
**Address:** 7795 BONITA VILLA WAY  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** SD  
**Name:** LEVI, GAIL  
**Address:** 211 WEST E=WALNUT STREET  
**City-St-Zip:** LONG BEACH, NY 11561

I hereby 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 all other like empowered.

**SIGNATURE:** PENNY M. POLOKOFF

PRES

02/23/2011

Electronic Signature of Signing Officer or Director

Date