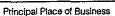
## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N24490

SOUTH FLORIDA NEUROFIBROMATOSIS ASSOCIATION,

INC.



201 EAST SAMPLE RD POMPANO BCH, FL 33064



**FILED** Apr 14, 2006 08:00 AN Secretary of State

Mailing Address

201 EAST SAMPLE RD POMPANO BCH, FL 33064



01222006 No Chg-NP DO NOT WRITE IN THIS SPACE

CR2E037 (11/05)

4. FEI Number 65-0030434

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRADY, SANDRA C EDD 3524 N FEDERAL HWY FT LAUDERDALE, FL 33308

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registered offi	ce or reg	gistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Agent	signature n	equired when reinstating)	DATE
1	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICEDS AND DIRECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	PT GRADY, SANDRA C 3524 N FEDERAL HWY FT LAUDERDALE, FL 33308				U00000508388 04/28/06-80003-820 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE SANTO, RICK 2601 E OAKLAND PARK BLVD #501 FT LAUDERDALE, FL 33306				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORNGREEN, ANN 20811 SAN SIMEON WAY N MIAMI BEACH, FL 33179		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DESANTO, DEBORAH 1161 SW 19 AVE BOCA RATON, FL		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, JOHN N 1092 SW 12 ROAD BOCA RATON, FL				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 or powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR