2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N24490

1. Entity Name
SOUTH FLORIDA NEUROFIBROMATOSIS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
201 EAST SAMPLE RD POMPANO BCH, FL 33064	201 EAST SAMPLE RD POMPANO BCH, FL 33064

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03202008 No Chg-NP CR2E037 (4/06)

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000901311
04/29/08-80064-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GRADY, SANDRA C
STREET ADDRESS	3524 N FEDERAL HWY
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	VP
NAME	DE SANTO, RICK
STREET ADDRESS	2601 E OAKLAND PARK BLVD #501
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	S
NAME	KORNGREEN, ANN
STREET ADDRESS	20811 SAN SIMEON WAY
CITY-ST-ZIP	N MIAMI BEACH, FL 33179
TITLE	TD
NAME	DESANTO, DEBORAH
STREET ADDRESS	1161 SW 19 AVE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	MURRAY, JOHN N
STREET ADDRESS	1092 SW 12 ROAD
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 empowered 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 address, with all other like empowered.

SIGNATURE: Sandra C Grady 4-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #