

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N24490

FILED
Dec 16, 2009
Secretary of State

Entity Name: SOUTH FLORIDA NEUROFIBROMATOSIS ASSOCIATION, INC.

Current Principal Place of Business:

201 EAST SAMPLE RD
POMPANO BCH, FL 33064

New Principal Place of Business:

Current Mailing Address:

201 EAST SAMPLE RD
POMPANO BCH, FL 33064

New Mailing Address:

FEI Number: 65-0030434 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GRADY, SANDRA C
Address: 3524 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VP () Delete
Name: DE SANTO, RICK
Address: 2601 E OAKLAND PARK BLVD #501
City-St-Zip: FT LAUDERDALE, FL 33306

Title: S () Delete
Name: KORNGREEN, ANN
Address: 20811 SAN SIMEON WAY
City-St-Zip: N MIAMI BEACH, FL 33179

Title: TD () Delete
Name: DESANTO, DEBORAH
Address: 1161 SW 19 AVE
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: MURRAY, JOHN N
Address: 1092 SW 12 ROAD
City-St-Zip: BOCA RATON, FL

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: () 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: SANDRA GRADY

P

12/16/2009

Electronic Signature of Signing Officer or Director

Date