

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24490

FILED
May 04, 2010
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SANDRA GRADY

PT

05/04/2010

Electronic Signature of Signing Officer or Director

Date