

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002546

FILED
Jan 15, 2009
Secretary of State

Entity Name: CANCER LEAGUE, INC.

Current Principal Place of Business:

44 WEST FLAGLER STREET, #1250
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

44 WEST FLAGLER STREET, #1250
MIAMI, FL 33130

New Mailing Address:

FEI Number: 59-1706090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTROW, JOHN B
44 WEST FLAGLER STREET, #1250
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: CPT () Delete
Name: OSTROW, JANE
Address: 50 E. SUNRISE AVE
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: BROOKS, PAULINE
Address: 1310 100TH STREET
City-St-Zip: BEL HARBOUR, FL 33154

Title: CP () Delete
Name: OSTROW, JOHN
Address: 50 E. SUNRISE AVENUE
City-St-Zip: COARL GABLES, FL 33133

Title: D () Delete
Name: STEINBERG, LEE
Address: 5255 COLLINS AVENUE
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROOKS, PAULINE
Address: 1310 100TH STREET
City-St-Zip: BAL HARBOUR, FL 33154

Title: CP (X) Change () Addition
Name: OSTROW, JOHN B
Address: 50 E. SUNRISE AVENUE
City-St-Zip: CORAL GABLES, FL 33133

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: JOHN B. OSTROW

CP

01/15/2009

Electronic Signature of Signing Officer or Director

Date