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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003596 (3)

1. Corporation Name

THE GENETIC RESEARCH FOUNDATION, INC.



Principal Place of Business

Mailing Address

% ANGELA MASSON  
~~4484 ADAMS AVE~~  
MIAMI BEACH FL 33140

% ANGELA MASSON  
~~4484 ADAMS AVE~~  
MIAMI BEACH FL 33140-3969

2. Principal Place of Business

2a. Mailing Address

21 140 JEFFERSON AVE

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #14012

27

City & State

City & State

23 MIAMI BEACH, FL

28

Zip

Country

Zip

Country

24 33139

25

DADE

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
07/18/1994

3a. Date of Last Report  
11/22/1996

4. FEI Number  
65-0707538

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MASSON, ANGELA  
~~4484 ADAMS AVE~~  
MIAMI BEACH FL 33140



81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Sign name, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MASSON, JOHN W M.D.	
STREET ADDRESS	10400 WOODRIDGE	
CITY-ST-ZIP	TOLUCA LAKE CA 91602	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MASSON, MARGARET J R.N.	
STREET ADDRESS	10400 WOODRIDGE	
CITY-ST-ZIP	TOLUCA LAKE CA 91602	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MASSON, GAYL A PHD.	
STREET ADDRESS	731 W. 34TH ST.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSON, LISA M M.D.	
STREET ADDRESS	505 BARRINGHAM LANE	
CITY-ST-ZIP	MODESTO CA 95305	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROVENZANO, JOSEPH J D.O.	
STREET ADDRESS	505 BARRINGHAM LANE	
CITY-ST-ZIP	MODESTO CA 95305	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALENCOUR, LESLIE	
STREET ADDRESS	2385 PINETREE DR., #1	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

2/25/97

CR2E037 (9/96)