

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003817

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA BRAIN TUMOR ASSOCIATION, INC.

Current Principal Place of Business:

11620 NW 56 DR
APT 115
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770182
CORAL SPRINGS, FL 330710182

New Mailing Address:

FEI Number: 65-0347947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHETSKY, BRYAN R
11620 NW 56 DRIVE
APT 115
CORAL SPRINGS, FL 33076 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: VPD () Delete
Name: KORNFELD, GARY L
Address: 14444 HALTER RD
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: SHETSKY, BRYAN R
Address: 11620 NW 56TH DRIVE APT 115
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PD () Delete
Name: SHETSKY, SHERYL
Address: 11620 NW 56TH DRIVE, APT 115
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD () Delete
Name: POSIN, STUART
Address: 421 WEST BRANCH ST
City-St-Zip: LANTANA, FL 33462

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:

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: SHERYL SHETSKY

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date