

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001458

FILED
May 07, 2009
Secretary of State

Entity Name: THE NATIONAL RETINOBLASTOMA RESEARCH AND SUPPORT FOUNDATION, INC.

Current Principal Place of Business:

900 NORTHWEST 17TH STREET
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

900 NORTHWEST 17TH STREET
MIAMI, FL 33136

New Mailing Address:

FEI Number: 65-0569861 **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:

WINSTON, GARY
8576 S.W. 121 STREET
MIAMI, FL 33156 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: VD () Delete
Name: MILLER, KIM L
Address: 341 S.E. 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: MURRAY, TIMOTHY
Address: 1221 S ALHAMBRA CIRCLE
City-St-Zip: MIAMI, FL 33146

Title: PD () Delete
Name: SCHECHTER, JULIE R
Address: 6261 N.W. 58 WAY
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: TASHJIAN, JUDY
Address: 5950 S.W. 9 STREET
City-St-Zip: PLANTATION, FL 33317

Title: T () Delete
Name: CICCARELLI, NICOLE
Address: 1221 S ALHAMBRA CIRCLE
City-St-Zip: MIAMI, FL 33146

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: NICOLE CICCARELLI

T

05/07/2009

Electronic Signature of Signing Officer or Director

_____ Date