## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P33671

1. Entity Name

LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC.



**FILED** Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90396 007 \*\*\*\*61.25

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Principal Place of Business 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605		Mailing Address 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172008 Ch	ng-NP (	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 13-347049	4	<b>⊢</b>	applied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	□ \$8.75 Ac Fee Requir	ditional
	6. Name and Address of Current I	Registered Agent			7. Name and Add	ress of New Regi	stered Agent	
DAVNE D	AMEI A		Name					
PAYNE, PAMELA 4360 NORTHLAKE BLVD SUITE 109			Street Address		(P.O. Box Number is Not Acceptable)			
	ACH GARDENS, FL 33410							
			City				FL Zip Co	de
	named entity submits this statement for	the purpose of changing i	its registered office or	registere	ed agent, or both, in	the State of Florid	a. I am familiar with	, and accept
arie obligat	ions of registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered agent a	and title if applicable. (NO	OTE: Registered Agent signatur	re required v	when reinstating)		DATE	
	Signature, typed or printed name of registered agent a	· · · · · · · · · · · · · · · · · · ·	OTE: Registered Agent signatur		-		·	<u> </u>
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election C	ampaign Financing		\$5.00 May Be Added to Fees		e check payable Department of S	
10.	Filing Fee is \$61.25	9. Election C Trust Fund	ampaign Financing	□ ;	\$5.00 May Be Added to Fees DDITIONS/CHANG	Florida ES TO OFFICERS	e check payable Department of	State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gordon Miller Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

914-949-5213

Daytime Phone #