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FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # P34349 (1)**

1. Corporation Name

NATIONAL BRAIN TUMOR FOUNDATION INCORPORATED

Principal Place of Business

**785 MARKET ST.
SUITE 1600
SAN FRANCISCO CA 94103**

Mailing Address

**785 MARKET ST.
SUITE 1600
SAN FRANCISCO CA 94103-2003**3. Date Incorporated or Qualified
06/18/19913a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

29

30

4. FEI Number

94-2876985Applied 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

9. Name and Address of Current Registered Agent

**GURWITCH, SHIRLEY
2525 SUNSET DR.
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D KERN, ARTHUR H.**
STREET ADDRESS **1700 MONTGOMERY ST. #324**
CITY-ST-ZIP **SAN FRANCISCO CA**TITLE ☐ DELETE
NAME **PD LAMB, SHARON**
STREET ADDRESS **2942 DIVISADERO ST.**
CITY-ST-ZIP **SAN FRANCISCO CA**TITLE ☐ DELETE
NAME **VD BRODERSON, RICHARD**
STREET ADDRESS **5237 GOLDEN GATE AVE.**
CITY-ST-ZIP **OAKLAND CA**TITLE ☐ DELETE
NAME **D SMITH, JAMES G.**
STREET ADDRESS **1 MONTGOMERY ST., #1210**
CITY-ST-ZIP **SAN FRANCISCO CA**TITLE ☐ DELETE
NAME **CD NEWMAN, WALTER**
STREET ADDRESS **870 MARKET, #917**
CITY-ST-ZIP **SAN FRANCISCO CA**TITLE ☐ DELETE
NAME **D FARBER, CONNIE**
STREET ADDRESS **1272 CAROLINE ST.**
CITY-ST-ZIP **ALAMEDA CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Richard Broderson **REQUIRED**

2/14/97

(4.5) 433-806

CP2E037 (9/96)