


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
06/18/1991

4. FEI Number 94-2876985	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 checked="" type="checkbox"/> Addition
4.2 NAME	M JANISC BREWER
4.3 STREET ADDRESS	785 MARKET ST. #1600
4.4 CITY-ST-ZIP	SAN FRANCISCO CA 94103
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 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:

4/13/98 (415) 284-0208

CR2E037 (1097)