2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# P34349

Entity Name: BRAIN TUMOR FOUNDATION OF AMERICA INCORPORATED

Current Principal Place of Business:

22 BATTERY STREET
SUITE 612
SAN FRANCISCO, CA 94111

New Principal Place of Business:

Current Mailing Address:

22 BATTERY STREET
SUITE 612
SAN FRANCISCO, CA 94111

New Mailing Address:

FEI Number: 94-2876985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIZZI, CHRISTOPHER
2199 S CONWAY ROAD
APT #1424
ORLANDO, FL 332812 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:	D	( ) Delete
Name:	KELLEY, RICHARD	
Address:	22 BATTERY STREET	
City-St-Zip:	SAN FRANCISCO, CA 94111	
Title:	D	( ) Delete
Name:	GORDON, ANN	
Address:	22 BATTERY STREET	
City-St-Zip:	SAN FRANCISCO, CA 94111	
Title:	VC	( ) Delete
Name:	SHEETS, BRYON	
Address:	22 BATTERY STREET	
City-St-Zip:	SAN FRANCISCO, CA 94111	
Title:	C	( ) Delete
Name:	THOMSON, ALLISON J	
Address:	22 BATTERY STREET	
City-St-Zip:	SAN FRANCISCO, CA 94111	
Title:	T	( ) Delete
Name:	KORN, DAVID R	
Address:	22 BATTERY STREET	
City-St-Zip:	SAN FRANCISCO, CA 94111	
Title:	S	( ) Delete
Name:	DUNBAR, FRANCESCA V	
Address:	22 BATTERY STREET	
City-St-Zip:	SAN FRANCISCO, CA 94111	

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:	
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: BRYON SHEETS VC 04/03/2008

Electronic Signature of Signing Officer or Director — Date