

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001788

FILED
Apr 28, 2003
Secretary of State

Entity Name: CHILDREN'S CANCER SOCIETY, INC.

Current Principal Place of Business:

2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 31-1772944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W. THORNTON SCOTT, ESQUIRE
2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062

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: PD () Delete
Name: PISCIOTTA, JEANINE
Address: 2071 N.E. 27TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VD (X) Delete
Name: POMALES, JENNIFER
Address: 2340 N.E. 12TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD () Delete
Name: HEINRICH, PATRICIA
Address: 2731 N.E. 52ND COURT
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TD () Delete
Name: MARTINEZ, TRACY
Address: 4320 N.E. 18TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEANINE PISCIOTTA

PD

04/28/2003

Electronic Signature of Signing Officer or Director

Date