

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 16 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N46100 (6)

1. Corporation Name

PEDIATRIC CANCER FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 172658  
TAMPA FL 33672

P.O. BOX 172656  
TAMPA FL 33672

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/19/1991

3a. Date of Last Report  
06/03/1994

4. FEI Number  
59-3097333

Applied 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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒ \$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCALL DEBORAH, FRICK  
ONE BEACH DRIVE SE,  
SUITE 200  
ST. PETERSBURG FL 33701

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 607.0502 and 607.1506, 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 607.0505, 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  
NAME TRAMEL, RISA R.  
STREET ADDRESS 304 EAST NORTH STREET  
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SD  
NAME HELMS, MELISSA D.  
STREET ADDRESS 8212 W. CRENSHAW STREET  
CITY-ST-ZIP TAMPA FL

1.2 NAME

1.3 STREET ADDRESS 18106 Swanlake Dr.  
1.4 CITY-ST-ZIP Lutz FL 33549

TITLE PD  
NAME BROCK, LISA  
STREET ADDRESS 3714 THORNWOOD DRIVE  
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 7927 Spring Valley Dr.  
2.4 CITY-ST-ZIP Tampa FL 33615

TITLE TD  
NAME GARCIA, RAFAEL  
STREET ADDRESS 100 SOUTH ASHLEY DRIVE SUITE 1650  
CITY-ST-ZIP TAMPA FL 33602

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/95  
Date

Daytime Phone #