

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N46100 (6)

1. Corporation Name

PEDIATRIC CANCER FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 172656  
TAMPA FL 33672

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TAMPA FL 33672

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1991 3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Karen S. Keaton

82 Street Address (P.O. Box Number is Not Acceptable)

111 Second Avenue N.E., #620

83 St. Petersburg, FL 33701

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]*  
Signature/typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/29/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME TRAMEL, RISA R.  
STREET ADDRESS 18106 SWANLAKE DR.  
CITY-ST-ZIP LUTZ FL

TITLE PD  
NAME HELMS, MELISSA D.  
STREET ADDRESS 7827 SPRING VALLEY DR  
CITY-ST-ZIP TAMPA FL

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

TITLE VD  
NAME ROBB, JACK  
STREET ADDRESS 1520 WEST RIVER SHORE WAY  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D  
1.2 NAME ANNE C. DOWLING  
1.3 STREET ADDRESS 5508 SOWANEE AVENUE NORTH  
1.4 CITY-ST-ZIP TAMPA, FL 33604

2.1 TITLE PID  
2.2 NAME Mr. DONALD G. PRESTON, SOUTHTRUST BANK  
2.3 STREET ADDRESS 150 2nd AVENUE N  
2.4 CITY-ST-ZIP St. Petersburg, FL 33701

3.1 TITLE TID  
3.2 NAME Charles P. Godels, CITY CENTER  
3.3 STREET ADDRESS 100 2ND AVENUE SOUTH, STE. N102  
3.4 CITY-ST-ZIP St. Petersburg, FL 33701

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 *[Signature]* SIGNATURE REQUIRED

FILED  
Aug 07 1997 8:00am  
Secretary of State



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