

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000752 (7)

1. Corporation Name

CONNOR MORAN CHILDREN'S CANCER FOUNDATION, INC.



Principal Place of Business

Mailing Address

**19224 COUNTRY CLUB DRIVE
TEQUESTA FL 33469
US**

**19224 COUNTRY CLUB DRIVE
TEQUESTA FL 33469
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**GARRIS, CHARLES E
817 BEACHLAND BLVD
VERO BEACH FL 32963**

3. Date Incorporated or Qualified
12/11/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0374021

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**

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

10. Name and Address of New Registered Agent

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 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

TITLE **PSD** ☐ DELETE
NAME **MORAN, EUGENE J**
STREET ADDRESS **19224 COUNTRY CLUB DR**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **TD** ☐ DELETE
NAME **HAAS, THOMAS**
STREET ADDRESS **200 BUTLER ST SUITE 303**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☒ DELETE
NAME **GARRIS, CHARLES E**
STREET ADDRESS **817 BEACHLAND BLVD**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☐ DELETE
NAME **DONOHUE, PAUL**
STREET ADDRESS **4400 PGA BLVD., STE 100**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **D** ☒ DELETE
NAME **D., DAVID**
STREET ADDRESS **537 NORTHLAKE BLVD**
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **D** ☐ DELETE
NAME **SOLOMAN, MELISSA**
STREET ADDRESS **185 E INDIANTOWN RD**
CITY-ST-ZIP **JUPITER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Director**
1.3 STREET ADDRESS **Moran, Eugene J.**
1.4 CITY-ST-ZIP **19224 Country Club Dr.**
Tequesta, FL 33469

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Director**
2.3 STREET ADDRESS **Tom Schechtman**
2.4 CITY-ST-ZIP **3365 Burns Rd.**
Palm Bch Gardens FL 33410

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Director**
3.3 STREET ADDRESS **Narayana Gowda**
3.4 CITY-ST-ZIP **5325 Greenwood Ave**
West Palm Bch. FL 33407

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **President**
4.3 STREET ADDRESS **Donahue, Paul**
4.4 CITY-ST-ZIP **4400 PGA Blvd. Ste. 100**
Palm Bch., Gardens. FL 33410

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Secretary**
6.3 STREET ADDRESS **Soloman, Melissa**
6.4 CITY-ST-ZIP **185 E. Indiantown Rd.**
Jupiter FL 33458

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 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene J Moran

4/31/96 4076948976

CR2E037 (12/95)