## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9200000752

CONNOR MORAN CHILDREN'S CANCER FOUNDATION, INC.

Principal Place of Business
2450 METROCENTRE BLVD
W PALM BEACH FL 33407
HS

2. Principal Place of Business

Suite, Apt. #, etc.

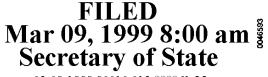
Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

19224 COUNTRY CLUB DRIVE TEQUESTA FL 33469

26



03-09-1999 90010 013 \*\*\*\*61.25

	. <b> </b>	MBRI BILLE ITAL ITAL

3. Date Incorporated or Qualifed

12/11/1992

65-0374021

4. FEI Number

22		27							
City & State	9	City & State				5. Certifcate of Status Desired		\$8.75 A	
Zip	Country	Zip		intry		6. Election Campaign Financing	' <b>-</b>	\$5.00 N Added to	-
24	25	29	30			Trust Fund Contribution	Booletored		1 1 0 0 3
	9. Name and Address of Current I	Registered Agent		81	Name	10. Name and Address of New	Kegistered	Agent	
				<b>°'</b>	Name		_		
GARRIS, C	CHARLES E			82	Street Addres	ss (P.O. Box Number is Not Accep	table)		
817 BEAC	HLAND BLVD					<u> </u>			
VERO BEA	ICH FL 32963			83		•			
				84	City			85 Zip C	ode
_							FL	-	<u></u>
11. Pursuant	to the previsions of Sections 617.0502	and 617.1508, Florida Sta	tutes, the a	bove-	named corpor	ation submits this statement for th	e purpose of	changing its r	registered
office/or n	egistered agen or both, in the State of m familiar with land accept the objigation	Flanda. Such change was as af. Section 617.0503. I	s autnorize Florida Stat	a by tr tutes.	ne corporation	s poard of directors. I fieleby acc	epi ine appo	,	istoroo
X	CP H b. Vac	4				-	2/11/	73	
SIGNATURE	Signature, types of printed name of registered agent a	and title if applicable. (NO	OTÉ: Registere	d Agent :	signature required	when reinstating)	DATE		_ <del></del>
12.	OFFICERS AND	DIRECTORS	13.			- ADDITIONS/CHANGES TO C	FFICERS A		
TITLE	T	☐ DELETE	1.1 T	TTLE		ector_		Change	Addition
NAME	BERKOWITZ, M		1.2 N	AME		ack, Doug			
STREET ADDRESS	2601 N OCEAN AVE		1.3 \$	TREET A	ADDRESS 1772	Bent Tree Drive		٠.	
CiTY-ST-ZIP	RIVERA BCH FL 33104		1.4 0	ITY-ST-	zip Pal	n Bch Gardens, Fi 3	3410		
TITLE	S	☐ DELETE	2.1 T	TILE	, ,	ructor		☐ Change	Addition
NAME	SILVER, B		2.2 N	IAMÉ	F	ong, Henryd. Ste 2	SOF	•	
STREET ADDRESS	ACA DATION OF		2.3 S	TREET	ADDRESS 2.	401 PGA BIBA. SICA	at In		
CITY-ST-ZIP	WPB FL 33401		2.40	CITY-ST	ZIP W	. Pala Beach, FL 3	710		
TITLE	D	☐ DELETE	3.1 T	π£	$-\mid \mathcal{D}_1$	rector 2"		☐ Change	Addition
NAME	MORAN, TERRI		3.2 N	IAME	H	berty 150ty			<b>*</b>
STREET ADDRESS	19224 COUNTRY CLUB DR		3.3 S	TREET	ADORESS 7 6	24 7th Ct	~2W	-	
CITY-ST-ZIP	TEQUESTA FL 33409		3.4. (	CITY-ST	-zip Pa	In Boh. Gardens, Fi	אַדככ		
TITLE	P	<b>™</b> DELETE	4.1 T	TLE		•		☐ Change	Addition Addition
NAME	DONAHUE, PAUL		4.21	NAME					
STREET ADORESS	4400 PGA BLVD., STE 100		4.3 S	TREET	ADDRESS		1		
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 0	TY-ST-	ZIP				
TITLE	D	☐ DELETE	5.1 T	TTLE				Change	Addition
NAME	SCHECHTMAN, TOM		5.2 N	AME					
STREET ADDRESS	3365 BURNS RD, STE 100		5.3 \$	TREET	ADDRESS			•	
CITY-ST-ZIP	PALM BEACH GARDENS FL			TY-ST-	-ZIP	· · · · ·			
TITLE	D	☐ DELETE	6.1 T	TILE	D	resident.		Change	☐ Addition
NAME	NICHOLS, BOB		6.2 8	IAME	7	chold Bab			
STREET ADDRESS	AAAA EAIDEIELD OD		6.3 S	TREET !	ADDRESS 1/2	10 Fau Field Dr.			
CITY-ST-ZIP	W PALM BEACH FL			:πγ-\$ī-		J. Palm Bch FL			
14. I hereby o	certify that the information supplied with	this filing does not qualify	for the exe	emptio	n stated in Se	ection 119.07(3)(i), Florida Statutes	s. I further ce	rtify that the in	formation

indicated on this annual report or supplied with this time does not quality for the examplion stated in Section 1990; Figure 3 attacks. I name certain that the man and indicated on this annual report or supplemental annual report is true and securate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the opporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in solic 12 or Block 12 if changed, of on an attachment with an address, with all other like empowered.

**TATURE REQUIRED** SIGNATURE:

Applied For

Not Applicable