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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000752**

1. Corporation Name
CONNOR MORAN CHILDREN'S CANCER FOUNDATION, INC.

Principal Place of Business	Mailing Address
2450 METROCENTRE BLVD W PALM BEACH FL 33407 US	19224 COUNTRY CLUB DRIVE TEQUESTA FL 33469 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/11/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0374021 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GARRIS, CHARLES E
817 BEACHLAND BLVD
VERO BEACH FL 32963

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 _____ 2/11/99
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 1999		
TITLE	T	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	BERKOWITZ, M		1.2 NAME	Slack, Doug	
STREET ADDRESS	2601 N OCEAN AVE		1.3 STREET ADDRESS	172 Bent Tree Drive	
CITY-ST-ZIP	RIVERA BCH FL 33104		1.4 CITY-ST-ZIP	Palm Bch Gardens, FL 33410	
TITLE	S	☐ DELETE	2.1 TITLE	Director	☐ Change ☑ Addition
NAME	SILVER, B		2.2 NAME	Fong, Henry	
STREET ADDRESS	224 DATURA ST		2.3 STREET ADDRESS	2401 PGA Blvd. Ste 280F	
CITY-ST-ZIP	WPB FL 33401		2.4 CITY-ST-ZIP	W. Palm Beach, FL 33410	
TITLE	D	☐ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	MORAN, TERRI		3.2 NAME	Albert, Betty	
STREET ADDRESS	19224 COUNTRY CLUB DR		3.3 STREET ADDRESS	724 7th Ct	
CITY-ST-ZIP	TEQUESTA FL 33409		3.4 CITY-ST-ZIP	Palm Bch. Gardens, FL 33410	
TITLE	P	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DONAHUE, PAUL		4.2 NAME		
STREET ADDRESS	4400 PGA BLVD., STE 100		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHECHTMAN, TOM		5.2 NAME		
STREET ADDRESS	3365 BURNS RD, STE 100		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	President	☑ Change ☐ Addition
NAME	NICHOLS, BOB		6.2 NAME	Nichols, Bob	
STREET ADDRESS	1100 FAIRFIELD DR		6.3 STREET ADDRESS	1100 Fairfield Dr.	
CITY-ST-ZIP	W PALM BEACH FL		6.4 CITY-ST-ZIP	W. Palm Bch FL	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #