2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90249 039 ****61.25

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

Principal Place of Business	Mailing Address
4400 N CONGRESS SUITE 110 W PALM BEACH, FL 33407 US	4400 N CONGRESS SUITE 110 W PALM BEACH, FL 33407 US

01212004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
825 US Hwy One	825 US Hwy One
Suite, Apt. #, etc.: Suite 320	Suite, Apt. #, etc.: Suite 320
City & State: Jupiter, FL	City & State: Jupiter, FL
Zip: 33478 Country: US	Zip: 33478 Country: US

4. FEI Number 65-0374021 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARRIS, CHARLES E. 817 BEACHLAND BLVD VERO BEACH, FL 32963	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SILVER, BRUCE 11832 FOUNTAINSIDE CIRCLE BOYNTON BEACH, FL 33437	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FONG, HENRY 2401 PGA BLVD STE 280F WPB, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 500 Australian Ave S. #625 West Palm Bch, FL 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VASTOLA, JEFF 1 CLEARLAKE CENTER STE 1550 WEST PALM BEACH, FL 33401	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MORAN, TERI 4400 N. CONGRESS STE 110 WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 19224 Country Club Dr Tequesta, FL 33469
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHARNEV, BERNIE 11107 OAKDALE RD BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ TERI MORAN 4/22/04 561 741-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #