

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23383

FILED  
Jul 15, 2009  
Secretary of State

Entity Name: CHILDREN'S TUMOR FOUNDATION, INC.

**Current Principal Place of Business:**

2460 ROYAL OAK DR.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

95 PINE STREET, 16TH FLOOR  
ATTN: ROSAAMELIA PEREZ  
NEW YORK, NY 10005

**New Mailing Address:**

FEI Number: 13-2298956      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

EARLE, SUZANNE  
725 36TH AVENUE NORTH  
ST. PETERSBURG, FL 33704      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: EHRLI, HANNAH  
Address: 6147 DONEGAL DR.  
City-St-Zip: ORLANFO, FL 32819

Title: VP      ( ) Delete  
Name: FERNANDEZ-VALLE, CRISTINA  
Address: 1011 WILLA LIKE CIR.  
City-St-Zip: OVIEDO, FL 32769

Title: S      ( ) Delete  
Name: SCHIFF DUBY, CAROL  
Address: 18319 HAWHIDANE ROAD  
City-St-Zip: FT. MYERS, FL 33967

Title: D      ( ) Delete  
Name: SCHMALE, MICHAEL  
Address: 455 RIDGEWOOD ROAD  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D      ( ) Delete  
Name: LOPEZ, SARAH  
Address: 1969 S. ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32819

Title: D      ( ) Delete  
Name: ESPOSITO, SONIA V  
Address: 5503 PINE SHADE CT.  
City-St-Zip: ORLANDO, FL 32814

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. RISNER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

07/15/2009

\_\_\_\_\_ Date