

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
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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

PRES

07/15/2009

Electronic Signature of Signing Officer or Director

_____ Date