

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90030 006 ****70.00

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DOCUMENT # N00000007810					
1. Entity Name SOUTH FLORIDA CHILDREN'S CANCER TREATMENT FOUNDATION, INC.					
Principal Place of Business 13833 WELLINGTON TRACE, E4-137 WELLINGTON, FL 33414			Mailing Address 13833 WELLINGTON TRACE, E4-137 WELLINGTON, FL 33414		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0551879	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'BOYLE, MICHELLE D RN 13833 WELLINGTON TRACE, E4-137 WELLINGTON, FL 33414			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME O'BOYLE, MICHELLE STREET ADDRESS 13833 WELLINGTON TRACE, E4-137 CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE TD NAME BUNKELMANN, SCOTT STREET ADDRESS 417 WESTWIND DR. CITY-ST-ZIP NORTH PALM BEACH, FL. 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BUNKELMANN, SCOTT STREET ADDRESS 1090 WOODBINE WAY, APT. 1015 CITY-ST-ZIP WEST PALM BEACH, FL 33418	<input type="checkbox"/> Delete		TITLE D NAME ANDERSON, SCOTT STREET ADDRESS 749 US HWY ONE, SUITE 204 CITY-ST-ZIP NORTH PALM BEACH, FL. 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ANDERSON, SCOTT STREET ADDRESS 7289 GARDEN RD. STE 113 CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE VD NAME HARRIS, GEORGE E. ESQ. STREET ADDRESS 11380 PROSPERITY FARMS RD. CITY-ST-ZIP PALM BEACH GARDENS, FL. 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME HARRIS, GEORGE E ESQ. STREET ADDRESS 5325 GREENWOOD AVENUE #306 CITY-ST-ZIP WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE D NAME SLATE, SUZANNE STREET ADDRESS 8108 NEEDLES DR. CITY-ST-ZIP PALM BEACH GARDENS, FL. 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME DONOHUE, PAUL STREET ADDRESS 7289 GARDEN RD. STE 113 CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE D NAME MATUELLA, JOSEPH STREET ADDRESS 5520 BOYNTON GARDENS DR CITY-ST-ZIP BOYNTON BEACH, FL. 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ALFIERI, DAVID STREET ADDRESS 8249 HERITAGE CLUB DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Michelle O'Boyle</i>			1/16/06 (561) 371-1298		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		