

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007810

FILED
Jan 17, 2009
Secretary of State

Entity Name: SOUTH FLORIDA CHILDREN'S CANCER TREATMENT FOUNDATION, INC.

Current Principal Place of Business:

13833 WELLINGTON TRACE, E4-137
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

13833 WELLINGTON TRACE, E4-137
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 01-0551879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'BOYLE, MICHELLE D RN
12808 KINGSWAY RD
WELLINGTON, FL 33414 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: PD () Delete
Name: O'BOYLE, MICHELLE
Address: 12808 KINGSWAY RD.
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: ERB, SANDRA
Address: 206 MONTEREY WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD () Delete
Name: SWASEY, PATRICIA
Address: 2705 PARK DR.
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: POMERANTZ, RONALD
Address: 1790 CORSICA DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: ALFIERI, DAVID
Address: 8249 HERITAGE CLUB DRIVE
City-St-Zip: WEST PALMBEACH, FL 33412

Title: D () Delete
Name: PLISKOW, STEVEN MD
Address: 1549 WILTSHIRE VILLAGE DR.
City-St-Zip: WELLINGTON, FL 33414

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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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: MICHELLE O'BOYLE, RN, BSN, CPON

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date