

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007810

**Entity Name:** KIDS CANCER FOUNDATION, INC.**Current Principal Place of Business:**13833 WELLINGTON TRACE, E4-137  
WELLINGTON, FL 33414**Current Mailing Address:**246 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411 US**FEI Number:** 01-0551879**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**O'BOYLE, MICHELLE D RN  
12808 KINGSWAY RD  
WELLINGTON, FL 33414 US*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:** MICHELLE O'BOYLE RN, CPON

02/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FOUNDER, EXECUTIVE DIRECTOR,  
DIRECTOR  
Name O'BOYLE, MICHELLE RN, CPON  
Address 12808 KINGSWAY RD.  
City-State-Zip: WELLINGTON FL 33414

Title PRESIDENT  
Name WIENER, KELLY  
Address 13537 MACHIAVELLI WAY  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name ALFIERI, DAVID PHARM.D  
Address 3261 EAST COMMUNITY DRIVE  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name MAROTTA, DARREN  
Address 242 OLEANDER AVE  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name FLORA, KELLY  
Address 6336 WHISPERING LAKES LANE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP, TREASURER  
Name DOWLING, FRANK  
Address 8893 MARLAMOOD LANE  
City-State-Zip: WEST PALM BEACH FL 33412

Title DIRECTOR, SECRETARY  
Name GATES, AMANDA  
Address 11501 S GARDENS DR. APT 106  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name ALVAREZ, KATHLEEN  
Address 1983 SOUTH CLUB DRIVE  
City-State-Zip: WELLINGTON FL 33414

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** KELLY WIENER

PRESIDENT

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WIENER, MICHAEL
Address	13537 MACHIAVELLI WAY
City-State-Zip:	PALM BEACH GARDENS FL 33418