# SIGNATURE: MICHELLE O'BOYLE RN, CPON

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N0000007810 Entity Name: KIDS CANCER FOUNDATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **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

## 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		01/31/2022	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	FOUNDER, EXECUTIVE DIRECTOR,	Title	DIRECTOR	
Name	DIRECTOR O'BOYLE, MICHELLE RN, CPON	Name	FLORA, KELLY	
Address	12808 KINGSWAY RD.	Address	6336 WHISPERING LAKES LANE	
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	PALM BEACH GARDENS FL 33418	
		Title	VP, TREASURER	
Title	PRESIDENT	Name	DOWLING , FRANK	
Name	WIENER, KELLY	Address	8893 MARLAMOOR LANE	
Address	13537 MACHIAVELLI WAY	City-State-Zip:	WEST PALM BEACH FL 33412	
City-State-Zip:	PALM BEACH GARDENS FL 33418			
Title	DIRECTOR	Title Name	DIRECTOR, SECRETARY	
Name	ALFIERI, DAVID PHARM.D		GATES, AMANDA	
Address	3261 EAST COMMUNITY DRIVE	Address	11501 S GARDENS DR. APT 106	
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	PALM BEACH GARDENS FL 33418	
		Title	DIRECTOR	
Title	DIRECTOR	Name	ALVAREZ, KATHLEEN	
Name	MAROTTA, DARREN	Address	1983 SOUTH CLUB DRIVE	
Address	242 OLEANDER AVE	City-State-Zip:	WELLINGTON FL 33414	
City-State-Zip:	PALM BEACH FL 33480	Cantinuas		

### 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.

FOUNDER/ EXECUTIVE 01/31/2022 DIRECTOR

Certificate of Status Desired: Yes

FILED Jan 31, 2022 Secretary of State 2983957220CC

Date

#### **Officer/Director Detail Continued :**

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