

2019 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

04/05/2019

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 12014 CAPTAINS LANDING
City-State-Zip: NORTH PALM BEACH FL 33408

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

Title DIRECTOR, SECRETARY
Name APFEL, AMANDA
Address 3457 OAKMONT ESTATES BLVD.
City-State-Zip: WELLINGTON FL 33414

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
Name STARACE, LOUIS DR.
Address 788 HARBOUR ISLES PL.
City-State-Zip: NORTH PALM BEACH FL 33410

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

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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: MICHELLE O'BOYLE RN, CPONFOUNDER/ EXECUTIVE
DIRECTOR

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MATTHEWS, CHRIS
Address	12116 REGAL COURT SOUTH
City-State-Zip:	WELLINGTON FL 33414