## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002357

Entity Name: 1000+ CLUB TO BENEFIT CANCER, INC.

**FILED** Apr 16, 2019 **Secretary of State** 6760159198CC

**Current Principal Place of Business:** 6278 NORTH FEDERAL HIGHWAY, SUITE 150

FORT LAUDERDALE. FL 33308

## **Current Mailing Address:**

6278 NORTH FEDERAL HIGHWAY, SUITE 150 FORT LAUDERDALE. FL 33308 US

FEI Number: 80-0364095 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

OSINSKI-BURK, JULIE 9600 WEST SAMPLE ROAD #505 CORAL SPRINGS, FL 33065 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:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail :

Title Title 2ND VP, CHARITABLE GIVING

THOMSEN, KATHLEEN THOMAS, MERRILL Name Name 4231 NE 19TH AVENUE Address 410 ISLE OF PALMS Address

FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33308 City-State-Zip: City-State-Zip:

CORRESPONDING SECRETARY Title Title 3RD VP, MEMBERSHIP

Name ROUTMAN, JONI TINTER, REBECCA Name

Address 1717 SE 9TH STREET Address 2857 NE 25TH STREET

FORT LAUDERDALE FL 33316 City-State-Zip: FORT LAUDERDALE FL 33305 City-State-Zip:

Title **TREASURER** RECORDING SECRETARY Title Name AMDUR, REBA Name ARENA, CHERYL

Address 2201 SW 117TH TERRACE Address 411 N NEW RIVER DRIVE E

#1501

City-State-Zip: FORT LAUDERDALE FL 33301

Title PUBLIC RELATIONS LIAISON

VP, WAYS & MEANS Title NAGLE, MARGIE Name

Name MEADE, KIMBERLY Address 3850 GALT OCEAN DRIVE

Address 6278 NORTH FEDERAL HIGHWAY,

**SUITE 150** City-State-Zip:

FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 City-State-Zip:

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.

City-State-Zip:

DAVIE FL 33325

04/16/2019 TREASURER SIGNATURE: REBA AMDUR