

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002305

**Entity Name:** THE CHILDHOOD CANCER PROJECT INC.

**Current Principal Place of Business:**

1835 EAST HALLANDALE BEACH BLVD  
#592  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1835 EAST HALLANDALE BEACH BLVD  
#592  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 82-0703826

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WARE, KELLY  
1835 EAST HALLANDALE BEACH BLVD  
#592  
HALLANDALE BEACH, FL 33009 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:** KELLY WARE

05/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name JOANNA FARCHI SEGAL  
Address 1835 EAST HALLANDALE BEACH BLVD #592  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name SCOTT DANIEL SEGAL  
Address 1835 EAST HALLANDALE BEACH BLVD #592  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR, VP  
Name SPERBER, LAUREN  
Address 1835 EAST HALLANDALE BEACH BLVD #592  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name SPERBER, ANDREW  
Address 1835 EAST HALLANDALE BEACH BLVD #592  
City-State-Zip: HALLANDALE BEACH FL 33009

Title PRESIDENT  
Name LUBETSKY, CARYN  
Address 1835 EAST HALLANDALE BEACH BLVD #592  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name SEGAL, JOSHUA SHALOM  
Address 1835 EAST HALLANDALE BEACH BLVD #592  
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER  
Name FELICE, KELLY WARE  
Address 1835 EAST HALLANDALE BEACH BLVD #592  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name SEIDLIN, JAYE  
Address 1835 EAST HALLANDALE BEACH BLVD #592  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** JOANNA SEGAL

DIRECTOR

05/15/2024

