

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002305

**FILED**  
**Mar 25, 2019**  
**Secretary of State**  
**2701715956CC**

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

**Current Principal Place of Business:**

1065 NE 125TH STREET  
SUITE 300  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

1065 NE 125TH STREET  
SUITE 300  
NORTH MIAMI, FL 33161 US

**FEI Number:** 82-0703826

**Certificate of Status Desired:** No

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

WARE, KELLY  
1065 NE 125TH STREET  
SUITE 300  
NORTH MIAMI, FL 33161 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

03/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name JOANNA FARCHI SEGAL  
Address 641 OCEAN BOULEVARD  
City-State-Zip: GOLDEN BEACH FL 33160

Title TREASURER  
Name BREAKSTONE, PATRICIA  
Address 6000 ISLAND BLVD  
PH 4  
City-State-Zip: AVENTURA FL 33160

Title DIRECTOR  
Name SCOTT DANIEL SEGAL  
Address 641 OCEAN BOULEVARD  
City-State-Zip: GOLDEN BEACH FL 33160

Title DIRECTOR, VP  
Name SPERBER, LAUREN  
Address 901 N RIO VISTA BLVD  
City-State-Zip: FT. LAUDERDALE FL 33301

Title SECRETARY  
Name CHANCIS, JOEY  
Address 641 OCEAN BLVD  
City-State-Zip: GOLDEN BEACH FL 33160

Title DIRECTOR  
Name SPERBER, ANDREW  
Address 901 N RIO VISTA BLVD  
City-State-Zip: FT. LAUDERDALE FL 33301

*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

**PRESIDENT**

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date