

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002305

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

**Current Principal Place of Business:**

641 OCEAN BOULEVARD  
GOLDEN BEACH, FL 33160

**Current Mailing Address:**

641 OCEAN BOULEVARD  
GOLDEN BEACH, FL 33160 US

**FEI Number: 82-0703826**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD., SUITE A  
TAMPA, FL 33612 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 PD  
Name JOANNA FARCHI SEGAL  
Address 641 OCEAN BOULEVARD  
City-State-Zip: GOLDEN BEACH FL 33160

Title T  
Name MANDEE HELER ADLER  
Address 3151 NORTH 36TH STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name BREAKSTONE, PATRICIA  
Address 641 OCEAN BOULEVARD  
City-State-Zip: GOLDEN BEACH FL 33160

Title S  
Name ELLISON, AMANDA  
Address 4 MINNETONKA RD  
City-State-Zip: SEA RANCH LAKES FL 33308

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

*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**

**05/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date