

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46100

Entity Name: PEDIATRIC CANCER FOUNDATION, INC.**Current Principal Place of Business:**5550 WEST EXECUTIVE DR
SUITE 300
TAMPA, FL 33609**Current Mailing Address:**5550 WEST EXECUTIVE DR
SUITE 300
TAMPA, FL 33609 US**FEI Number:** 59-3097333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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	TD
Name	WHITE, ROBERT E
Address	5550 WEST EXECUTIVE DR, SUITE 300
City-State-Zip:	TAMPA FL 33609

Title	PD
Name	LOAR, WILLIS C
Address	5550 WEST EXECUTIVE DR, SUITE 300
City-State-Zip:	TAMPA FL 33609

Title	VDSD
Name	SILVA, AL
Address	5550 WEST EXECUTIVE DR, SUITE 300
City-State-Zip:	TAMPA FL 33609

Title	VD
Name	HARROD, CHAD
Address	5550 WEST EXECUTIVE DR, SUITE 300
City-State-Zip:	TAMPA FL 33609

Title	EXECUTIVE DIRECTOR
Name	CRANE, NANCY
Address	5550 WEST EXECUTIVE DR SUITE 300
City-State-Zip:	TAMPA FL 33609

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: NANCY CRANE**EXECUTIVE DIRECTOR****03/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date