

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23383

Entity Name: CHILDREN'S TUMOR FOUNDATION, INC.**Current Principal Place of Business:**725 36TH AVENUE NORTH
ST PETERSBURG, FL 33704**Current Mailing Address:**697 3RD AVE, SUITE 418
NEW YORK, NY 10017 US**FEI Number:** 13-2298956**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EARLE, SUZANNE
725 36TH AVENUE NORTH
ST. PETERSBURG, FL 33704 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 PRESIDENT
Name BAKKER, ANNETTE
Address 697 3RD AVE, SUITE 418
City-State-Zip: NEW YORK NY 10017

Title TREASURER
Name BRAININ, ROBERT
Address 52 RAWSON RD
City-State-Zip: BROOKLINE MA 02445

Title DIRECTOR
Name GOLFINOS, JOHN
Address 530 FIRST AVENUE, SUITE 8R
City-State-Zip: NEW YORK NY 10016

Title SECRETARY
Name GROISMAN, GABRIEL
Address 191 BAL BAY DRIVE
City-State-Zip: BAL HARBOUR FL 33154

Title DIRECTOR
Name ALTMAN, DANIEL
Address 99 MICHELLE DRIVE
City-State-Zip: JERICO NY 11753

Title DIRECTOR
Name GALLOWAY, TRACY
Address 131 FARMER'S FOLLY DRIVE
City-State-Zip: MOORESVILLE NC 28117

Title DIRECTOR
Name GILBERT, DANIEL
Address 26875 CHARLES LANE
City-State-Zip: FRANKLIN MI 48025

Title CHAIRMAN
Name HORVITZ, RICHARD
Address 85 STONEWOOD DRIVE
City-State-Zip: MORELAND HILLS OH 44022

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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: ANNETTE BAKKER**PRESIDENT****03/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEATHERS, CHAD
Address 3435 W CONEJOS PL
City-State-Zip: DENVER CO 80204

Title DIRECTOR
Name MCKENZIE, STEVE
Address 6655 PORTSHEAD ROAD
City-State-Zip: MALIBU CA 90265

Title DIRECTOR
Name SETLOW, CAROLYN
Address 53 LOWER CHURCH HILL RD.
City-State-Zip: WASHINGTON DEPOT CT 06794

Title TREASURER
Name STANICKY, RANDALL
Address 471 WEST BROADWAY, 2ND FLOOR
City-State-Zip: NEW YORK NY 10012

Title VP
Name BOURNE, SARAH
Address 370 LEXINGTON AVE RM 2100
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name MARTIN, LINDA
Address 67 BROADVIEW AVENUE
City-State-Zip: NEW ROCHELLE NY 10804

Title DIRECTOR
Name RUDD, KENNETH
Address 200 RIVERSIDE BLVD, APT. 11I
City-State-Zip: NEW YORK NY 10069

Title DIRECTOR
Name SOLL, RICHARD
Address 17 MEETING HOUSE SQUARE
City-State-Zip: MIDDLETOWN MA 01949

Title DIRECTOR
Name MATCH SUNA, STUART
Address 3 E. 84TH STREET
City-State-Zip: NEW YORK NY 10028