

**2024 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****01/31/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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