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1995 MAR 16 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715225 (9)

1. Corporation Name

THE CANCER FUND OF THE SOROPTIMIST CLUB OF THE P ALM BEACHES, INC.

Principal Place of Business	Mailing Address
200 CROSSWINDS DRIVE. #D-1 WEST PALM BEACH FL 33413-2023	200 CROSSWINDS DRIVE. #D-1 WEST PALM BEACH FL 33413-2023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1968
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-6137894 — [ ] Applied For [X] Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 246 33RD STREET	26 246 33RD STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 W.PALM BEACH,FLA	28 W.PALM BEACH,FLA
24 Zip 33407 — 25 Country U.S.A.	29 Zip 33407 — 30 Country U.S.A.

9. Name and Address of Current Registered Agent

WALLACE, MARTHA J.
200 CROSSWINDS DR. #D-1
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
600001433106
-03/17795--01061--039
*****70.00 *****70.00
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Janet Hinderager JANET HINDERAGER, TREASURER 3/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TD	[X] Change [ ] Addition
NAME	WALLACE, MARTHA J.	1.2 NAME	JANET HINDERAGER	
STREET ADDRESS	200 CROSSWINDS DR. #D-1	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	246 33RD STREET ,W.PALMBEACH 33407	
TITLE	SD	2.1 TITLE		[ ] Change [ ] Addition
NAME	DISEA, DONNA	2.2 NAME		
STREET ADDRESS	8133 SEDGEWICK CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CLARKE SHORE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	[X] Change [ ] Addition
NAME	LANDFORD, MARY	3.2 NAME	ALICE BUELL	
STREET ADDRESS	903 38TH ST	3.3 STREET ADDRESS	2980 CROSLEY DR. E.	
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	W. PALM BEACH 33415	
TITLE	D	4.1 TITLE		[ ] Change [ ] Addition
NAME	BRADY, CATHLEEN I	4.2 NAME		
STREET ADDRESS	509 INDIGO AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	P	[X] Change [ ] Addition
NAME	EISMAN, RUTH	5.2 NAME	RUTH EISMANN	
STREET ADDRESS	111 OLD JUPITER BCH RD	5.3 STREET ADDRESS	111 OLD JUPITER BEACH ROAD	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	JUPITER,FLA 33477	
TITLE		6.1 TITLE		[ ] Change [ ] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Hinderager 3/6/95 407-844-7090
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040606