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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 715225 (9)

1. Corporation Name

THE CANCER FUND OF THE SOROPTIMIST CLUB OF THE PALM BEACHES, INC.



Principal Place of Business

**246 33RD ST.
WEST PALM BEACH FL 33407
US**

Mailing Address

**246 33RD ST.
WEST PALM BEACH FL 33407
US**

3. Date Incorporated or Qualified
09/09/1968

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **MARTHA J. WALLACE DIR**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD.
HINDERAGER, JANET**
STREET ADDRESS **246 33RD ST,
WEST PALM BEACH FL 33407**
CITY - ST - ZIP

TITLE ☐ DELETE

NAME **SD
DISEA, DONNA**
STREET ADDRESS **8133 SEDGEWICK CT
LAKE CLARKE SHORE FL**
CITY - ST - ZIP

TITLE ☒ DELETE

NAME **D
BUELL, ALICE**
STREET ADDRESS **2980 CRISLEY DR. E.
W. PALM BEACH FL 33415**
CITY - ST - ZIP

TITLE ☐ DELETE

NAME **D
BRADY, CATHLEEN I**
STREET ADDRESS **509 INDIGO AVE
WELLINGTON FL**
CITY - ST - ZIP

TITLE ☐ DELETE

NAME **P
EISMAN, RUTH**
STREET ADDRESS **111 OLD JUPITER BCH RD
JUPITER FL 33477**
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

DISESA, DONNA

3.1 TITLE

☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

WALLACE, MARTHA J.

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

200 CROSSWINDS DR. #D1, W. PALM BEACH, FL 33415

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

EISMAN

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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: **RUTH EISMAN, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96

Date

407 746 0030

Daytime Phone #

CR2E037 (12/95)