

FILED

Apr 28, 2002 8:00 am
Secretary of State

03-24-2002 90011 049 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715225

1. Entity Name

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

Principal Place of Business

Mailing Address

246 33RD ST.
WEST PALM BEACH FL 33407
US246 33RD ST.
WEST PALM BEACH FL 33407
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6137894

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINDERAGER, JANET
246 33RD ST
WEST PALM BEACH FL 33407

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HINDERAGER, JANET
246 33RD ST,
WEST PALM BEACH FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WALLACE, MARTHA JO
200 CROSSWINDS DR VILLA D 1
W. PALM BEACH FL 33413 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DISESA, DONNA
8133 SEDGEWICK CT
LAKE CLARK SHORE FL 33406 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD secretary
ROSALIE GILL
12856 meadow breeze Dr.
Wellington, FL 33414 ☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HANSEN, FRAN
124 SANDPIPER AVE
ROYAL PALM BEACH FL 33411 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
IHO, CATHLEEN BRADY
509 INDIGO AVE
WELLINGTON FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)