

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90031 045 \*\*\*\*61.25

**DOCUMENT # 715225**

1. Entity 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

2. Principal Place of Business

12856 Meadow Breeze Dr.  
Suite, Apt. #, etc.

3. Mailing Address

12856 Meadow Breeze Dr.  
Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

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

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

7. Name and Address of New Registered Agent

Name Rosalie H. Gill

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

12856 Meadow Breeze Dr.

City

Wellington

FL

Zip Code

33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rosalie H. Gill

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TD  
NAME HINDERAGER, JANET  
STREET ADDRESS 246 33RD ST.  
CITY-ST-ZIP WEST PALM BEACH FL ☒ Delete

TITLE SD  
NAME LANDIN, NANCY  
STREET ADDRESS 1194 CURRY DR  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE TD  
NAME GILL, ROSALIE  
STREET ADDRESS 12856 MEADOW BREEZE DR  
CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete

TITLE P  
NAME HANSEN, FRAN  
STREET ADDRESS 124 SANDPIPER AVE  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE VP  
NAME IHO, CATHLEEN BRADY  
STREET ADDRESS 509 INDIGO AVE  
CITY-ST-ZIP WELLINGTON FL ☐ Delete

TITLE D  
NAME VAL OLIVA  
STREET ADDRESS 2601 Village Blvd. # 402  
CITY-ST-ZIP West Palm Beach, FL 33409 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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: Rosalie H. Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04

Date

561-798-3469

Daytime Phone #