

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90002 008 ****70.00

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1. Entity Name
THE CHILDHOOD BRAIN TUMOR FOUNDATION, INC.



Principal Place of Business
**20312 WATKINS MEADOW DRIVE
GERMANTOWN, MD 20876**

Mailing Address
**20312 WATKINS MEADOW DRIVE
GERMANTOWN, MD 20876**

50021793



2. Principal Place of Business

20312 Watkins Meadow Dr

3. Mailing Address

20312 Watkins Meadow Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05232006

Chg-NP

CR2E037 (4/06)

City & State

Germantown, MD

City & State

Germantown, MD

4. FEI Number

52-3122976

Applied For

Not Applicable

Zip

20876

Country

USA

Zip

20876

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEFEIS, LYDIA
2228 N.E. 26TH STREET
LIGHTHOUSE POINT, FL 33364**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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 **P** ☐ Delete
NAME **YOUNG, JEANNE**
STREET ADDRESS **20312 WATKINS MEADOW DRIVE**
CITY-ST-ZIP **GERMANTOWN, MD 20876**

TITLE **D** ☐ Delete
NAME **SMITH, GILBERT ESQ**
STREET ADDRESS **40970 TAYLORSTOWN MEADOW PLACE**
CITY-ST-ZIP **LOVETTSVILLE, VA 20180**

TITLE **S** ☐ Delete
NAME **O'BRIEN, MICHELLE**
STREET ADDRESS **2810 SPARTAN ROAD**
CITY-ST-ZIP **OLNEY, MD 20832**

TITLE **T** ☐ Delete
NAME **YOUNG, JAMES**
STREET ADDRESS **20312 WATKINS MEADOW DRIVE**
CITY-ST-ZIP **GERMANTOWN, MD 20876**

TITLE **D** ☐ Delete
NAME **CORNMAN, CAROL**
STREET ADDRESS **1407 WYNHURST**
CITY-ST-ZIP **VIENNA, VA 22182**

TITLE **D** ☐ Delete
NAME **GREENSPUN, MICHAEL**
STREET ADDRESS **14412 QUIETWOOD TERRACE**
CITY-ST-ZIP **N POTOMAC, MD 20874**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jeanne P. Young **Jeanne P. Young**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**877-217-4166
301-515-2900**