


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000007118</b> 1. Entity Name <b>THE CHILDHOOD BRAIN TUMOR FOUNDATION, INC.</b>	
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Principal Place of Business <b>20312 WATKINS MEADOW DRIVE GERMANTOWN, MD 20876</b>	Mailing Address <b>20312 WATKINS MEADOW DRIVE GERMANTOWN, MD 20876</b>
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02152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2122976</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>DEFEIS, LYDIA 2228 N.E. 26TH STREET LIGHTHOUSE POINT, FL 33364</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, JEANNE 20312 WATKINS MEADOW DRIVE GERMANTOWN, MD 20876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GILBERT ESQ 40970 TAYLORSTOWN MEADOW PLACE LOVETTSVILLE, VA 20180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'BRIEN, MICHELLE 2810 SPARTAN ROAD OLNEY, MD 20832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, JAMES 20312 WATKINS MEADOW DRIVE GERMANTOWN, MD 20876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNMAN, CAROL 1407 WYNHURST VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENSPUN, MICHAEL 14412 QUIETWOOD TERRACE N POTOMAC, MD 20874

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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* **4/14/08** **877-217-4166**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #