

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 02, 2007
Secretary of State

DOCUMENT# N00000007810

Entity Name: SOUTH FLORIDA CHILDREN'S CANCER TREATMENT FOUNDATION, INC.**Current Principal Place of Business:**13833 WELLINGTON TRACE, E4-137
WELLINGTON, FL 33414**New Principal Place of Business:****Current Mailing Address:**13833 WELLINGTON TRACE, E4-137
WELLINGTON, FL 33414**New Mailing Address:****FEI Number:** 01-0551879**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**O'BOYLE, MICHELLE D RN
12808 KINGSWAY RD
WELLINGTON, FL 33414 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** TD () Delete
Name: BUNKELMANN, SCOTT
Address: 417 WESTWIND DR
City-St-Zip: NORTH PALM BEACH, FL 33408**Title:** D () Delete
Name: ANDERSON, SCOTT
Address: 749 US HWY 1 SUITE 204
City-St-Zip: NORTH PALM BEACH, FL 33408**Title:** VD () Delete
Name: HARRIS, GEORGE E ESQ
Address: 11380 PROSPERITY FARMS RD
City-St-Zip: PALM BEACH GARDENS, FL 33410**Title:** D () Delete
Name: SLATE, SUZANNE
Address: 8108 NEEDLES DR
City-St-Zip: PALM BEACH GARDENS, FL 33418**Title:** D () Delete
Name: MATUELLA, JOSEPH
Address: 5520 BOYNTON GARDENS DR
City-St-Zip: BOYNTON BEACH, FL 33467**Title:** D (X) Delete
Name: ALFIERI, DAVID
Address: 8249 HERITAGE CLUB DRIVE
City-St-Zip: WEST PALM BEACH, FL 33412**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: O'BOYLE, MICHELLE
Address: 12808 KINGSWAY RD.
City-St-Zip: WELLINGTON, FL 33414**Title:** TD (X) Change () Addition
Name: ERB, SANDRA
Address: 206 MONTEREY WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411**Title:** SD (X) Change () Addition
Name: SWASEY, PATRICIA
Address: 2705 PARK DR.
City-St-Zip: LANTANA, FL 33462**Title:** D (X) Change () Addition
Name: POMERANTZ, RONALD
Address: 1790 CORSICA DRIVE
City-St-Zip: WELLINGTON, FL 33414**Title:** VD (X) Change () Addition
Name: ALFIERI, DAVID
Address: 8249 HERITAGE CLUB DRIVE
City-St-Zip: WEST PALMBEACH, FL 33412**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE O'BOYLE, RN, BSN, CPON

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11/02/2007

Electronic Signature of Signing Officer or Director_____
Date