

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 30, 2005 8:00 am
Secretary of State

03-02-2005 90084 030 ****61.25

DOCUMENT # N04000001184	
1. Entity Name CHILDREN'S CANCER FOUNDATION, INC.	



Principal Place of Business 451 E GRAVES AVE ORANGE CITY, FL 32763	Mailing Address 451 E GRAVES AVE ORANGE CITY, FL 32763
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66007896



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02182005 Chg-NP CR2E037 (10/03)

4. FEI Number 80-0735170	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DONALD B DEMPSEY CPA 451 E GRAVES AVE ORANGE CITY, FL 32763	
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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 reissuing)	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	HILL, CHARLES D
STREET ADDRESS	218 CROOKED TREE TRAIL
CITY-ST-ZIP	DELAND, FL 32724
TITLE	☐ Delete
NAME	STILES, NATALIE S
STREET ADDRESS	1784 S WOODLAND BLVD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: <i>Charles D. Hill</i>	2/28-05 38-734-701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone