2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

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

04262007 No Chg-NP   CR2E037 (4/06)

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4. FEI Number	Applied For
20-0735170	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DONALD B DEMPSEY CPA
451 E GRAVES AVE
ORANGE CITY, FL 32763

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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 _____

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 May 1; 2007

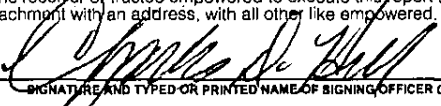**9.** Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HILL, CHARLES D
STREET ADDRESS	218 CROOKED TREE TRAIL
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	STILES, NATALIE S
STREET ADDRESS	1784 S WOODLAND BLVD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07-80083-022 61.25

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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: _____   4/29/07   386-734-7101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #