

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001184

FILED
Apr 27, 2009
Secretary of State

Entity Name: CHILDREN'S CANCER FOUNDATION, INC.

Current Principal Place of Business:

451 E GRAVES AVE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

451 E GRAVES AVE
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-0735170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALD B DEMPSEY CPA
451 E GRAVES AVE
ORANGE CITY, FL 32763 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: D () Delete
Name: HILL, CHARLES D
Address: 218 CROOKED TREE TRAIL
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: STILES, NATALIE S
Address: 1784 S WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: MISE, JIM
Address: P.O. BOX 71
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: HAYMAN, STEPHEN
Address: 998 TORCHWOOD DR.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: HARROD, RANDY
Address: 2831 SHENANDOAH RD.
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: ELSIHA, BETHANY
Address: 1250 CATALINA BLVD.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD B. DEMPSEY, CPA

RA

04/27/2009

Electronic Signature of Signing Officer or Director

Date