2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# N04000001184

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: ED
Name: HILL, CHARLES D EXEC
Address: 218 CROOKED TREE TRAIL
City-St-Zip: DELAND, FL 32724

Title: TD
Name: HIGBEE, DONNA
Address: 213 N. WOODLAND BLVD.
City-St-Zip: DELAND, FL 32724

Title: SD
Name: DICKERSON, PATRICIA
Address: 312 E. NEW YORK AVE.
City-St-Zip: DELAND, FL 32724

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

Title: VPD
Name: BECKER, JACK
Address: 2790 ENTERPRISE ROAD #101
City-St-Zip: ORANGE CITY, FL 32763

Title: PD
Name: WIGGINS, SAMMIE
Address: 110 WEST NEW YORK AVENUE
City-St-Zip: DELAND, FL 32720

I hereby 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 all other like empowered.

SIGNATURE: DONNA HIGBEE TD 04/25/2011

Electronic Signature of Signing Officer or Director — Date