

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2005
Secretary of State**

DOCUMENT# N04000005143

Entity Name: JESSICA JUNE CHILDREN'S CANCER FOUNDATION INC.

Current Principal Place of Business:

1 LAS OLAS CIRCLE
APT. 209
FT. LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

1 LAS OLAS CIRCLE
APT. 209
FT. LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 13-4280980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUVDI, SANDRA D MS.
1 LAS OLAS CIRCLE
APT. 209
FT. LAUDERDALE, FL 33316 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: PRES () Delete
Name: MUVDI, SANDRA D MS.
Address: 1 LAS OLAS CIRCLE,APT. 209
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: DIRE () Delete
Name: ANDERSON, GREG MR.
Address: 3107 N.E. 40 CT.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: DIRE () Delete
Name: MINSKI, PATRICIA MS.
Address: 386 GOLDEN BEACH DR.
City-St-Zip: GOLDEN BEACH, FL 33160

Title: DIRE () Delete
Name: ARENA, PATRICIA DR.
Address: 10133 S.W. 156 CT.
City-St-Zip: MIAMI, FL 33196

Title: DIRE () Delete
Name: MAAYA, MISTY MS.
Address: 4680 S.W. 74 TERRACE
City-St-Zip: DAVIE, FL 33314

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
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 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 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: SANDRA MUVDI

PRES

01/19/2005

Electronic Signature of Signing Officer or Director

Date