

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04583

FILED
Jan 04, 2008
Secretary of State

Entity Name: STOP! CHILDRENS CANCER, INC.

Current Principal Place of Business:

2632 NW 43RD ST.
A108
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

2632-A 108 NW 43RD ST.
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-2624901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, LAUREL J.
2810 NORTHWEST 31ST TERRACE
GAINESVILLE, FL 32605 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: ROSSI, W.J.,
Address: 2700 A NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: HUTTO, JAY
Address: 5931 NW 1ST PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: FREEMAN, MRS. LAUREL,
Address: 2810 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: FREEMAN, HOWARD,
Address: 2810 NW 31ST. TERR.
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: NYE-ISLAM, MARILYN
Address: 2411 NW 24TH TER
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: WHITE, GRACE
Address: 10216 SW 49TH LANE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FREEMAN, LAUREL,
Address: 2810 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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

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

Title: D (X) Change () Addition
Name: SCOTT, GAYLE
Address: 23 SW 99TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

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: LAUREL FREEMAN

D

01/04/2008

Electronic Signature of Signing Officer or Director

Date