

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009800

FILED
Apr 30, 2006
Secretary of State

Entity Name: KEIRA GRACE FOUNDATION FOR CHILDREN'S CANCER, INC.

Current Principal Place of Business:

4711 NW 72ND LANE
GAINESVILLE, FL 32653

New Principal Place of Business:

8486 NW 64TH LANE
GAINESVILLE, FL 32653

Current Mailing Address:

4711 NW 72ND LANE
GAINESVILLE, FL 32653

New Mailing Address:

8486 NW 64TH LANE
GAINESVILLE, FL 32653

FEI Number: 03-0572822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAUZARDO, EILEEN F
4711 NW 72ND LANE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

LAUZARDO, EILEEN F
8486 NW 64TH LANE
GAINESVILLE, FL 32653 US

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: _____

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD () Change (X) Addition
Name: LAUZARDO, EILEEN F
Address: 8486 NW 64TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: PD () Change (X) Addition
Name: LAUZARDO, MICHAEL
Address: 8486 NW 64TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: VD () Change (X) Addition
Name: HUNGER, STEPHEN
Address: 1600 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32610

I hereby certify that the information supplied with this filing does not qualify for the 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: EILEEN F. LAUZARDO

STD

04/30/2006

Electronic Signature of Signing Officer or Director

Date