

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004189

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** ARIELLE ANACKER CANCER FOUNDATION, INC.

**Current Principal Place of Business:**

6664 NW 42ND TERR.  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

6664 NW 42ND TERR.  
COCONUT CREEK, FL 33073 US

**Current Mailing Address:**

6664 NW 42ND TERR.  
COCONUT CREEK, FL 33073

**New Mailing Address:**

6664 NW 42ND TERR.  
COCONUT CREEK, FL 33073 US

**FEI Number:** 26-4752135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIVELLI, DIANE B  
6664 NW 42ND TERR.  
COCONUT CREEK, FL 33073 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: MRS  
Name: TRIVELLI, DIANE B PRES  
Address: 6664 NW 42ND TERR.  
City-St-Zip: COCONUT CREEK, FL 33073 US

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: DIANE TRIVELLI

PRES

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date