

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004189

FILED
Jan 23, 2012
Secretary of State

Entity Name: ARIELLE ANACKER CANCER FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Title: VD
Name: MINTZ, GARY
Address: 7235 LEMON GRASS DR.
City-St-Zip: PARKLAND, FL 33076

Title: SD
Name: GERSHOWITZ, ALLEN
Address: 2808 CARAMBOLA CIRCLE SOUTH
City-St-Zip: COCONUT CREEK, FL 33066

Title: D
Name: FRANZ, LISA
Address: 5088 NW 96 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D
Name: UNDERWEISER, SUSAN
Address: 3869 CORAL TREE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D
Name: AYALA, NORA
Address: 9790 BAY LEAF CT
City-St-Zip: PARKLAND, FL 33076

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 BETH TRIVELLI

PRES

01/23/2012

Electronic Signature of Signing Officer or Director

Date