

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008896

FILED  
Jan 31, 2012  
Secretary of State

**Entity Name:** I CARE I CURE CHILDHOOD CANCER FOUNDATION, INC.

**Current Principal Place of Business:**

100 WEST CYPRESS CREEK ROAD STE 700  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

100 WEST CYPRESS CREEK ROAD STE 700  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 27-1014887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHN, ALAN B ESQ  
100 WEST CYPRESS CREEK ROAD STE 700  
FORT LAUDERDALE, FL 33309 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  
**Name:** BESNER, BETH  
**Address:** 100 WEST CYPRESS CREEK ROAD STE 700  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** D  
**Name:** BESNER, BRAD  
**Address:** 100 WEST CYPRESS CREEK ROAD STE 700  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** DP  
**Name:** KRIMSKY, BETH-ANN  
**Address:** 100 WEST CYPRESS CREEK ROAD STE 700  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** DS  
**Name:** LINN, CORI  
**Address:** 100 WEST CYPRESS CREEK ROAD STE 700  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** DT  
**Name:** COHN, ALAN  
**Address:** 100 WEST CYPRESS CREEK ROAD STE 700  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** DVP  
**Name:** HOFFMAN, AMY  
**Address:** 100 WEST CYPRESS CREEK ROAD STE 700  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

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:** BETH-ANN KRIMSKY

P

01/31/2012

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

\_\_\_\_\_  
Date