

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010524

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** JOEY POWERS LEUKEMIA PROJECT, INC

**Current Principal Place of Business:**

4012 61ST DRIVE EAST  
BRADENTON, FL 34203 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 20998  
BRADENTON, FL 34203 US

**New Mailing Address:**

**FEI Number:** 27-3885490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLOTHIER ATWOOD, MOLLY  
4012 61ST DRIVE EAST  
BRADENTON, FL 34203 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:** P  
**Name:** CLOTHIER ATWOOD, MOLLY  
**Address:** 4012 61ST DRIVE EAST  
**City-St-Zip:** BRADENTON, FL 34203 US

**Title:** VP  
**Name:** ZANONI, SARAH  
**Address:** 16208 34TH COURT EAST  
**City-St-Zip:** PARRISH, FL 34219

**Title:** SEC  
**Name:** CLOTHIER, DONNA  
**Address:** 2 GRANDVIEW DRIVE  
**City-St-Zip:** NORMAL, IL 61761

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:** MOLLY CLOTHIER ATWOOD

P

01/09/2012

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

\_\_\_\_\_  
Date