

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21760

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** STOP! CHILDREN'S CANCER OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

11971 LAKE SHORE PL  
N PALM BCH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 30161  
PALM BEACH, FL 33420 US

**New Mailing Address:**

**FEI Number:** 65-0082013      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

GASKILL, TANA  
2610 BORDEAUX CT  
PALM BEACH GARDENS, FL 33410 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: PD ( ) Delete  
Name: COLTON, DELORES  
Address: 11971 LAKE SHORE PL  
City-St-Zip: N PALM BCH, FL 33408

Title: TD ( ) Delete  
Name: BRACCI, COLLEEN  
Address: 6499 FOX RUN CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: TD ( ) Delete  
Name: GASKILL, TANA  
Address: 2610 BORDEAUX CT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD ( ) Delete  
Name: LEYLAND, ANDREA  
Address: 12 RABBITS RUN  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: CPD ( ) Delete  
Name: GAETA, KRISTEN  
Address: 8260 OLD CYPRESS N  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: LEYLAND, ANDREA  
Address: 315 BRACKENWOOD CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TANA GASKILL

TD

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date