

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:36

DOCUMENT # N29706 (1)

1. Corporation Name

CHILDREN'S CANCER CARING CENTER, BROWARD CHAPTER
, INC.

Principal Place of Business

Mailing Address

6191 ORANGE DR. STE 6157-D
DAVIE FL 33314

6191 ORANGE DR. STE 6157-D
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1988

3a. Date of Last Report
03/08/1994

4. FEI Number
65-0163282

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDELSON, JOAN

6191 ORANGE DRIVE SW 45TH ST.

SURE 6157-D, ROOM 40 AND 41

DAVIE FL 33314

KLEINRICHT, JAMES
331 PALM BLVD
WESTON, FL

81 Name

JAMES KLEINRICHT

82 Street Address (P.O. Box Number is Not Acceptable)

331 PALM BLVD.

83

84

City

WESTON

FL

85 Zip Code
33325

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

James Kleinricht

(NOTE: Registered Agent signature required when constituting)

DATE

3/10/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLEINRICHT, JAMES
STREET ADDRESS	331 PALM BLVD.
CITY-ST-ZIP	WESTON FL
TITLE	VD
NAME	EDELSON, JOAN
STREET ADDRESS	6790 SW 13TH STREET
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	SD
NAME	BENZ, JOHN A.
STREET ADDRESS	7721 N. W. 13TH STREET
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	SANDLER, ERIC
STREET ADDRESS	1564 NW 183RD AVE.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D
NAME	DORSEY, JOSEPH C.
STREET ADDRESS	14059 SW 27TH COURT
CITY-ST-ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Delete
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Delete
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	Delete
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	TREASURER/DIRECTOR
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	SECRETARY/DIRECTOR
6.3 STREET ADDRESS	FERRY WITOSHYN SKY
6.4 CITY-ST-ZIP	6836 S.W. 10TH ST. PEMBROKE PINES, FL 33023

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

Joseph C. Dorsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph C. Dorsey, Director

3/10/95

305-989-8989