

FILE NOW: FILING FEE AFTER MAY 1'S \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5: 58

DOCUMENT # N45790 (5)

1. Corporation Name

**CHILDREN'S CANCER CARING CENTER BOCA RATON CHAPT
ER, INC..**

Principal Place of Business

Mailing Address

3041 NW 53RD ST
BOCA RATON FL 33486
US

3041 NW 53RD ST
BOCA RATON FL 33486
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/28/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0292866

Applied For

Not Applicable

5. Certificate of Status Desired

**\$0.75 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 33496 Country

28

Zip 33496 Country

24

33496

Country

29

33496

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSSMAN, ELAINE
3041 NW 53RD ST
BOCA RATON FL 33486 33496

(D)

81 Name

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

83

84 City

FL

85 Zip Code

33496

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|--------------------------------|
| TITLE | VD |
| NAME | GUZETTA, ROSE |
| STREET ADDRESS | 17262 BOCA CLUB BLVD UNIT 2405 |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | SD |
| NAME | LISS, MARLENE |
| STREET ADDRESS | 6245 NW 23 TERR |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | TD |
| NAME | MARCUS, SHELLEY |
| STREET ADDRESS | 3038 NW 53 ST |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | | |
|---------------------|--------------------------------|--|
| 1.1 TITLE | SECRETARY (D) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | GUZETTA, ROSE | |
| 1.3 STREET ADDRESS | 17262 BOCA CLUB BLVD UNIT 2405 | |
| 1.4 CITY - ST - ZIP | BOCA RATON FL | |
| 2.1 TITLE | VICE PRESIDENT (D) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | LISS, MARLENE | |
| 2.3 STREET ADDRESS | 6245 NW 23 TERR | |
| 2.4 CITY - ST - ZIP | BOCA RATON FL | |
| 3.1 TITLE | TD TREASURER (D) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | SCHOLL, PAULA | |
| 3.3 STREET ADDRESS | 3419 NW 51 PL | |
| 3.4 CITY - ST - ZIP | BOCA RATON, FL | |
| 4.1 TITLE | SUSSMAN, ELAINE (D) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | PRESIDENT | |
| 4.3 STREET ADDRESS | 3041 NW 53 ST | |
| 4.4 CITY - ST - ZIP | BOCA RATON, FL 33496 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

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 if changed, or on an attachment with an address.

SIGNATURE: Elaine Susman - President
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

3/12/95 994-9091
DATE (Type in Florida)