

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90084 042 ****61.25

DOCUMENT # N96000000575

1. Entity Name
CHILD CANCER FUND, INC.



Principal Place of Business
**1625 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 US**

Mailing Address
**1625 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3359840

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRANTE, LAURA L
248-3 LEVY ROAD
ATLANTIC BEACH, FL 32233**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Laura Ferrante

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete
NAME **FERRANTE, LAURA**
STREET ADDRESS **248-3 LEVY ROAD**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **VP** ☒ Delete
NAME **LANGDON, JACK**
STREET ADDRESS **1093 A1A BEACH BLVD.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **SEC** ☐ Delete
NAME **KEIRNAN, CAROL**
STREET ADDRESS **13144 WEXFORD HOLLOW RD. N.**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **TRES** ☐ Delete
NAME **STRICKLAND, BETTY**
STREET ADDRESS **4370 VENETIA BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Tim Baker**
STREET ADDRESS **2640 Apache Avenue**
CITY-ST-ZIP **Jacksonville, Florida 32210**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Roger Carnahan**
STREET ADDRESS **1705 Berwick Road**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Johna Hearnen**
STREET ADDRESS **12252 Mayors Drive**
CITY-ST-ZIP **Jacksonville, FL 32233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Past President** ☒ Change ☐ Addition
NAME **Laura Ferrante**
STREET ADDRESS **248-3 Levy Road**
CITY-ST-ZIP **Atlantic Beach, FL 32233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura Ferrante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40009633
Division of Corporations

Annual Report

Annual Report Help

Document Number

N96000000575

Business Entity Name

CHILD CANCER FUND, INC.

FEI Number 593359840
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 1625 SAN MARCO BLVD.
Suite, Apt. #, etc.
City, State JACKSONVILLE, FL
Zip Code & Country 32207 US

Mailing Address

Address 1625 SAN MARCO BLVD.
Suite, Apt. #, etc.
City, State JACKSONVILLE, FL
Zip Code & Country 32207 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) FERRANTE, LAURA, L,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 248-3 LEVY ROAD

Suite, Apt. #, etc.

City, State ATLANTIC BEACH, FL
Zip Code & Country 32233 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

#NP16000000575

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Laura Ferrante

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PRES
Name (Last, First, Middle, Title) BAKER, TIM, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2640 APACHE AVENUE
City, State JACKSONVILLE, FL
Zip Code & Country 32210

Title VP
Name (Last, First, Middle, Title) GANNAM, ROGER, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 1705 BERWICK ROAD
City, State JACKSONVILLE, FL
Zip Code & Country 32207

Title SEC
Name (Last, First, Middle, Title) HEAVNER, JOHNNA, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 12252 MAYORS DRIVE
City, State JACKSONVILLE, FL
Zip Code & Country 32233

Title TRES

Name (Last, First, Middle, Title) STRICKLAND, BETTY

- OR -

Entity Name to serve as
Officer/Director

Street Address 9 ARBOR CLUB DRIVE

City, State PONTE VEDRA BEACH, FL

Zip Code & Country 32082

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title PAST

Officer/Director Signature LAURA FERANTE

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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