

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000575

FILED
Jan 16, 2009
Secretary of State

Entity Name: CHILD CANCER FUND, INC.

Current Principal Place of Business:

4811 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4811 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3359840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRANTE, LAURA L
248-3 LEVY ROAD
ATLANTIC BEACH, FL 32233 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: PP () Delete
Name: FERRANTE, LAURA
Address: 248-3 LEVY ROAD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S () Delete
Name: HEAVNER, JOANNA
Address: 12252 MAYORS DRIVE
City-St-Zip: JACKSONVILLE, FL 32233

Title: P () Delete
Name: HARRELL, THOMAS
Address: 430 TIMBERWALK CT. #1016
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V () Delete
Name: GANNAM, ROGER
Address: 1705 BERWICK RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete
Name:
Address:
City-St-Zip:

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: V (X) Change () Addition
Name: KEIRNAN, CAROL
Address: 13144 WEXFORD HOLLOW RD. NORTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Change (X) Addition
Name: BRUST, ROBBIE
Address: 256 NORTH MILL VIEW WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: PROGRAM DIRECTOR/LAUREN HARRELL

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date