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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001024

1. Corporation Name

PEGGY KOTICK CANCER FOUNDATION, INC.

Principal Place of Business

17388 BOCA CLUB BLVD. #205
BOCA RATON FL 33487

Mailing Address

17388 BOCA CLUB BLVD. #205
BOCA RATON FL 33487



2. Principal Place of Business

21 **4201 N. OCEAN BLVD.**

Suite, Apt. #, etc.

22 **C-604**

City & State

23 **BOCA RATON, FL**

Zip

24 **33431**

Country

25 **U.S.A.**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

65-0793141

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

9. Name and Address of Current Registered Agent

KOTICK, ARNOLD
17388 BOCA CLUB BLVD. #205
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

N/A

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

4201 N. OCEAN BLVD.

83

APT. C-604

84 City

BOCA RATON

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Kotick, Arnold - Kotick, Arnold, Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

1/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SMITH, AMY K**

STREET ADDRESS **11128 HILLWOOD DR.**

CITY-ST-ZIP **HUNTSVILLE AL 35803**

TITLE **D** ☐ DELETE

NAME **KOTICK, ARTHUR**

STREET ADDRESS **766 NANTUCKET CIRCLE**

CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☐ DELETE

NAME **KOTICK, ARNOLD**

STREET ADDRESS **17388 BOCA CLUB BLVD. #205**

CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4201 N. OCEAN BLVD. #C-604

BOCA RATON, FL 33431

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: ARNOLD KOTICK

1/27/99

(561)392-9591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)