

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002993**

1. Entity Name

CONNIE J. GOODALE CANCER FOUNDATION, INC.**FILED**
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90060 027 ****61.25

Principal Place of Business

**1818 MEADOW CT.
WEST PALM BEACH FL 33406**

Mailing Address

**PO BOX 15015
WEST PALM BEACH FL 33416**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0918010

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, DEBRA
1818 MEADOW CT.
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, DEBRA	
STREET ADDRESS	1818 MEADOW CT.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	TUSCARI, KIM	
STREET ADDRESS	358 MADDOCIK ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

TITLE	SD	<input type="checkbox"/> Delete
NAME	ANGELOCCI, SUSAN	
STREET ADDRESS	7004 VEHETIAN WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Debra Moore***SIGNATURE REQUIRED****9/3/02 561-966-8699**

CR2E037 (9/01)