FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 26 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **P39000** **(5)**

1. Corporation Name

CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
585 STEWART AVE. GARDEN CITY NY 11530 US	585 STEWART AVE. GARDEN CITY NY 11530 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1992
3a. Date of Last Report: 08/10/1994
4. FEI Number: 11-2106778 ☐ 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
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 SAME AS ABOVE	26 SAME AS ABOVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEREZ, RAYMOND V 180 N.E. 128 TERRACE MIAMI FL 33161	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. * OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P		11 TITLE		☐ Change ☐ Addition
NAME	SCHWAB, GILBERT	T	12 NAME		
STREET ADDRESS	31 STAUBER DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	PLAINVIEW NY 11803		14 CITY-ST-ZIP		
TITLE	V		21 TITLE		☐ Change ☐ Addition
NAME	CUTOLO, WILLIAM P	T	22 NAME		
STREET ADDRESS	1435 BROADWAY		23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP		
TITLE	VT		31 TITLE		☐ Change ☐ Addition
NAME	EMANUELE, NICK	T	32 NAME		
STREET ADDRESS	7403 QUEENS BLVD.		33 STREET ADDRESS		
CITY-ST-ZIP	ELMHURST NY		34 CITY-ST-ZIP		
TITLE	S		41 TITLE		☐ Change ☐ Addition
NAME	RAFTER, JOHN	T	42 NAME		
STREET ADDRESS	ONE KENSINGTON RD.		43 STREET ADDRESS		
CITY-ST-ZIP	BABYLON NY		44 CITY-ST-ZIP		
TITLE	AD		51 TITLE	Executive Director	☒ Change ☐ Addition
NAME	WHITE, FRIEDA		52 NAME	Allan D. Weinberg	
STREET ADDRESS	1845 QUEEN STREET		53 STREET ADDRESS	993 Woodleak Drive	D
CITY-ST-ZIP	BELLMORE NY 11710		54 CITY-ST-ZIP	Baldwin, NY 11510	
TITLE			61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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 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.

SIGNATURE: _____ 6/27/95 516-222-1944
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073400