

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P39000

1. Entity Name  
CHILDREN'S LEUKEMIA RESEARCH ASSOCIATION, INC.



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

Mailing Address  
585 STEWART AVE.  
GARDEN CITY, NY 11530 US

FILED

08 MAY 13 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03062008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-2106778

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PEREZ, RAYMOND V  
180 N.E. 128 TERRACE  
MIAMI, FL 33161

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	GREEN, HENRY
STREET ADDRESS	1010 WOODOAK DR.
CITY-ST-ZIP	BALDWIN HARBOR, NY 11510
TITLE	P
NAME	PASQUA, ANTHONY
STREET ADDRESS	14 DRUMLIN HILL RD.
CITY-ST-ZIP	BOLTON, MA 01740
TITLE	ED
NAME	WEINBERG, ALLAN D
STREET ADDRESS	108 LAKE SHORE DRIVE MARINA TOWERS #440
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	S
NAME	REGINA, WILLIAM
STREET ADDRESS	994 MARCEL ROAD
CITY-ST-ZIP	BALDWIN, NY 11510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000130677640  
06/03/08--01017--024 \*\*61.25

*\$23/16*

**DO NOT WRITE  
IN THIS SPACE**

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: *Anthony R Pasqua* ANTHONY R PASQUA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/15/08* 516 222 1944

Daytime Phone #