

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39000

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

585 STEWART AVE.
GARDEN CITY, NY 11530 US

New Principal Place of Business:

585 STEWART AVE.
SUITE LL18
GARDEN CITY, NY 11530 US

Current Mailing Address:

585 STEWART AVE.
GARDEN CITY, NY 11530 US

New Mailing Address:

585 STEWART AVE.
SUITE LL18
GARDEN CITY, NY 11530 US

FEI Number: 11-2106778 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PEREZ, RAYMOND V
180 N.E. 128 TERRACE
MIAMI, FL 33161 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: V () Delete
Name: GREEN, HENRY
Address: 1010 WOODOAK DR.
City-St-Zip: BALDWIN HARBOR, NY 11510

Title: P () Delete
Name: PASQUA, ANTHONY
Address: 14 DRUMLIN HILL RD.
City-St-Zip: BOLTON, MA 01740

Title: ED () Delete
Name: WEINBERG, ALLAN D
Address: 108 LAKE SHORE DRIVE MARINA TOWERS #440
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: REGINA, WILLIAM
Address: 994 MARCEL ROAD
City-St-Zip: BALDWIN, NY 11510

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM REGINA

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04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date