

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001184

Entity Name: CHILDHOOD CANCER FOUNDATION, INC.**Current Principal Place of Business:**451 E GRAVES AVE
ORANGE CITY, FL 32763**Current Mailing Address:**451 E GRAVES AVE
ORANGE CITY, FL 32763**FEI Number:** 20-0735170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DONALD B DEMPSEY CPA
451 E GRAVES AVE
ORANGE CITY, FL 32763 US*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

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name HILL, CHARLES
Address 218 CROOKED TREE TRAIL
City-State-Zip: DELAND FL 32724

Title TREASURER
Name WOOSLEY, SUSAN
Address 436 WEST NEW YORK AVENUE
City-State-Zip: DELAND FL 32720

Title EXECUTIVE DIRECTOR
Name BECKER, JACK
Address 100 NORTH WOODLAND BOULEVARD
City-State-Zip: DELAND FL 32720

Title VP
Name DICKERSON, PATRICIA
Address 212 EAST NEW YORK AVENUE
City-State-Zip: DELAND FL 32724

Title PRESIDENT
Name HIGBEE, DONNA
Address 1450 WEST GRANADA
SUITE 2
City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY
Name DIXON, JANET
Address 110 W. NEW YORK AVENUE
City-State-Zip: DELAND FL 32720

Title PD
Name WIGGINS, SAMMIE
Address 110 WEST NEW YORK AVENUE
City-State-Zip: DELAND FL 32720

I hereby 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 all other like empowered.

SIGNATURE: CHARLES HILL**EXECUTIVE DIRECTOR****04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date