

**2016 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	PRESIDENT
Name	HIGBEE, DONNA
Address	1205 NORTH THORPE AVEUE
City-State-Zip:	ORANGE CITY FL 32763

Title	DIRECTOR
Name	WOOSLEY, SUSAN
Address	629 SOUTH WOODWARD
City-State-Zip:	DELAND FL 32720

Title	DIRECTOR
Name	SCHAIRER, ASHLEY
Address	905 EAST PENNSYLVANIA AVENUE
City-State-Zip:	DELAND FL 32724

Title	EXECUTIVE DIRECTOR
Name	BECKER, JOHN R.
Address	2718 KINGFISHER VILLAGE
City-State-Zip:	DELAND FL 32720

Title	DIRECTOR
Name	BAILEY, TERRY
Address	2299 RIVER RIDGE ROAD
City-State-Zip:	DELAND FL 32720

Title	DIRECTOR
Name	BURK, KATHY
Address	1707 EAST MINNESOTA AVENUE
City-State-Zip:	DELAND FL 32724

Title	VP
Name	BEAULIEU, ROBIN
Address	1324 ROBIN COURT
City-State-Zip:	DELAND FL 32720

Title	DIRECTOR
Name	SARNES, AMANDA
Address	970 STARDUST WAY
City-State-Zip:	DELAND FL 32720

**Continues on page 2**

*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: JOHN R. BECKER****EXECUTIVE DIRECTOR****04/21/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           PARKER, DEBROAH  
Address        2485 SOUTH PARKVIW AVENUE  
City-State-Zip: ORANGE CITY FL 32763

Title           SECRETARY  
Name           HANNON, LINDA  
Address        1712 LADY FERN TRAIL  
City-State-Zip: DELAND FL 32720