

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001184

Entity Name: CHILDHOOD CANCER FOUNDATION, INC.**Current Principal Place of Business:**1702 N. WOODLAND BLVD #116-402
DELAND, FL 32720**Current Mailing Address:**1702 N. WOODLAND BLVD
#116-402
DELAND, FL 32720 US**FEI Number:** 20-0735170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COCHRANE, BARBARA E
1702 N. WOODLAND BLVD
#116-402
DELAND, FL 32720 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:** BARBARA COCHRANE

02/07/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	TREASURER
Name	COCHRANE, BARBARA
Address	566 S. SHELL RD.
City-State-Zip:	DELAND FL 32720

Title	VP
Name	WHITE, DONNA
Address	1441 N AMELIA AVE
City-State-Zip:	DELAND FL 32724

Title	OFFICER
Name	TENNANT, CODIE
Address	219 E HOLLY DR
City-State-Zip:	ORANGE CITY FL 32763

Title	SECRETARY
Name	HANCOCK, SARAH
Address	2921 E WACO DR
City-State-Zip:	DELTONA FL 32738

Title	OFFICER
Name	STURGEON, GARY
Address	1702 N. WOODLAND BLVD #116-402
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: BARBARA COCHRANE

TREASURER

02/07/2025

Electronic Signature of Signing Officer/Director Detail

Date