2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: THE BENJI WATSON CANCER FOUNDATION, INC.

Current Principal Place of Business:

219 PASADENA PLACE
ORLANDO, FL 32803

Current Mailing Address:

219 PASADENA PLACE
ORLANDO, FL 32803 US

FEI Number: 27-3739009

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WATSON, BARRY L
219 PASADENA PLACE
ORLANDO, FL 32803 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	DP
Name	WATSON, BARRY L
Address	219 PASADENA PLACE
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	HAJJAR, FOUAD DR.
Address	2501 N. ORANGE AVENUE SUITE 589
City-State-Zip:	ORLANDO FL 32804

Title	DIRECTOR
Name	PINNELAS, LISA
Address	115 CAMPHOR TREE LANE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	SALZMAN, CAROLYN
Address	411 SHERIDAN AVENUE
City-State-Zip:	ORLANDO FL 32804

Title	DS
Name	WATSON, REBECCA T
Address	219 PASADENA PLACE
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	PINNELAS, IRA DR.
Address	115 CAMPHOR TREE LANE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	GIBBS, JON
Address	411 SHERIDAN AVENUE
City-State-Zip:	ORLANDO FL 32804

Title	DIRECTOR
Name	JOHNSON, KELLY
Address	901 N. HIGHLAND AVENUE
City-State-Zip:	ORLANDO FL 32803

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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: BARRY L WATSON REGISTERED AGENT 04/24/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHREIBER, MARGIE
Address	3859 OYSTER COURT
City-State-Zip:	ORLANDO FL 32812

Title	DIRECTOR
Name	WATSON, BEN
Address	219 PASADENA PLACE
City-State-Zip:	ORLANDO FL 32803