

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009981

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 WATSON**PRESIDENT****04/26/2016**

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