

2017 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:** No**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	GIBBS, JON
Address	411 SHERIDAN AVENUE
City-State-Zip:	ORLANDO FL 32804
Title	DIRECTOR
Name	SCHREIBER, MARGIE
Address	3859 OYSTER COURT
City-State-Zip:	ORLANDO FL 32812
Title	DIRECTOR
Name	SCHAFER, MICHAEL
Address	541 S ORANGE AVE #300
City-State-Zip:	MAITLAND FL 32751-5669

Title	DS
Name	WATSON, REBECCA T
Address	219 PASADENA PLACE
City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR
Name	JOHNSON, KELLY
Address	901 N. HIGHLAND AVENUE
City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR
Name	WATSON, BEN
Address	219 PASADENA PLACE
City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR
Name	STARLING, ELYSE
Address	92 W MILLER
City-State-Zip:	ORLANDO FL 32806

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: BARRY WATSON

PRESODENT

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECCTOR
Name	LEVY, ALEJANDRO DR.
Address	92 W MILLER
City-State-Zip:	ORLANDO FL 32806