

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002682

**Entity Name:** KIM GOSE CANCER RESEARCH FOUNDATION, INC.**Current Principal Place of Business:**1708 PINETOP TER  
LAKE PLACID, FL 33852**Current Mailing Address:**POST OFFICE BOX 405  
SEBRING, FL 33871 US**FEI Number:** 83-4165460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIVINGSTON, ROBERT E ESQ.  
445 S. COMMERCE AVENUE  
SEBRING, FL 33870 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 PD  
Name HITT, RICK  
Address 4510 LAKEVIEW DRIVE  
City-State-Zip: SEBRING FL 33870

Title VPD  
Name GOSE, MARK  
Address 1551 LAKEVIEW DRIVE  
City-State-Zip: SEBRING FL 33870

Title D  
Name GOSE, JOHN H  
Address 8813 TWITTY ROAD  
City-State-Zip: SEBRING FL 33876

Title DIRECTOR  
Name HITT, JAYMA  
Address 4510 LAKEVIEW DRIVE  
City-State-Zip: SEBRING FL 33870

Title TD  
Name STEPHENSON, TRES  
Address 5313 SURREY LANE  
City-State-Zip: SEBRING FL 33876

Title SD  
Name GOSE, MATT  
Address 6429 O'NEAL ROAD  
City-State-Zip: SEBRING FL 33876

Title D  
Name GOSE, COURTNEY  
Address 1561 LAKEVIEW DRIVE # 957  
City-State-Zip: SEBRING FL 33870

Title DIRECTOR  
Name MCINTYER, ROBYN  
Address 405 S DELANEY AVE  
City-State-Zip: AVON PARK FL 33825

**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 GOSE**DIRECTOR****01/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MCINTYER, KEVIN
Address	405 S DELANEY AVE
City-State-Zip:	AVON PARK FL 33825