

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50407

Entity Name: KIDS BEATING CANCER, INC.

Current Principal Place of Business:

615 E. PRINCETON STREET
SUITE # 400
ORLANDO, FL 32803

FILED
Apr 12, 2013
Secretary of State
CC3070480128

Current Mailing Address:

615 E. PRINCETON STREET
SUITE # 400
ORLANDO, FL 32803

FEI Number: 59-3136203

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VOIGHT-GUEDES, MARGARET
615 E. PRINCETON STREET
SUITE #400
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 DIRECTOR, TREASURER
Name GUEDES, BEN MD
Address PO BOX 2306
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR, PRESIDENT
Name GUEDES, MARGARET
Address 1010 VIA MERANO CT
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name MOORE, MICHAEL MD
Address 101 W KALEY ST
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name STOUT, MARILYN
Address 1400 S. ORLANDO AVE., #103
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR, VC
Name ELAWADI, MOOD
Address 515 W. MORSE BLVD.
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name CHUN, DONNA
Address 112 SISSO COVE
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name BARR, SHANE
Address 226 SAGECREST DRIVE
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name JEBAILEY, CHARLOTTE
Address 9584 LAVILL LANE
City-State-Zip: WINDERMERE FL 34786

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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: MARGARET GUEDES

CEO, PRESIDENT

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WOO, KAYLENE
Address 604 MINNEHAHA LANE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name KRWESWINSKI, EVA
Address P.O. BOX 915534
City-State-Zip: LONGWOOD FL 32791