## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50407

Entity Name: KIDS BEATING CANCER, INC.

**Current Principal Place of Business:** 

228 E WINTER PARK STREET ORLANDO, FL 32804

**Current Mailing Address:** 

228 E WINTER PARK STREET ORLANDO, FL 32804 US

FEI Number: 59-3136203 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VOIGHT-GUEDES, MARGARET 228 E WINTER PARK STREET ORLANDO, FL 32804 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

Date

FILED Apr 14, 2018

**Secretary of State** 

CC8297215867

## Officer/Director Detail:

| Title           | DIRECTOR, TREASURER  | Title           | DIRECTOR, PRESIDENT  |
|-----------------|----------------------|-----------------|----------------------|
| Name            | GUEDES, BEN MD       | Name            | GUEDES, MARGARET     |
| Address         | PO BOX 2306          | Address         | 1010 VIA MERANO CT   |
| City-State-Zip: | WINTER PARK FL 32790 | City-State-Zip: | WINTER PARK FL 32789 |

Title DIRECTOR Title DIRECTOR, SECRETARY

Name STOUT, MARILYN Name WOO, KAYLENE

Address 1400 S. ORLANDO AVE., #103 Address 604 MINNEHAHA LANE
City-State-Zip: WINTER PARK FL 32789 City-State-Zip: MAITLAND FL 32751

Title DIRECTOR, BOARD ATTORNEY Title DIRECTOR, MEDICAL DIRECTOR

Name BOCCHINO, JOHN ESQ. Name SHOOK, DAVID DR.

Address 228 E WINTER PARK STREET Address 228 E WINTER PARK STREET

City-State-Zip: ORLANDO FL 32804 City-State-Zip: ORLANDO FL 32804

Title DIRECTOR, VICE-CHAIRMAN Title DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Name AZAR, SAM Name SAXON, DONNIE

Address 228 E WINTER PARK STREET Address 228 E WITER PARK ST City-State-Zip: ORLANDO FL 32804 City-State-Zip: ORLANDO FL 32804

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 PRESIDENT, CEO 04/14/2018