

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000007118

**FILED**  
**Jan 04, 2023**  
**Secretary of State**  
**0164062080CC**

**Entity Name:** THE CHILDHOOD BRAIN TUMOR FOUNDATION, INC.

**Current Principal Place of Business:**

20312 WATKINS MEADOW DRIVE  
GERMANTOWN, MD 20876

**Current Mailing Address:**

20312 WATKINS MEADOW DRIVE  
GERMANTOWN, MD 20876 US

**FEI Number: 52-2122976**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DEFEIS, LYDIA  
2228 N.E. 26TH STREET  
LIGHTHOUSE POINT, FL 33364 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 P  
Name YOUNG, JEANNE  
Address 20312 WATKINS MEADOW DRIVE  
City-State-Zip: GERMANTOWN MD 20876

Title D  
Name IRVIN, ELIZABETH  
Address 12141 PINENEEDLE COURT  
City-State-Zip: WOODBRIDGE VA 22192

Title S  
Name O'BRIEN, MICHELLE  
Address 2810 SPARTAN ROAD  
City-State-Zip: OLNEY MD 20832

Title T  
Name YOUNG, JAMES  
Address 20312 WATKINS MEADOW DRIVE  
City-State-Zip: GERMANTOWN MD 20876

Title D  
Name CORNMAN, CAROL  
Address 1407 WYNHURST  
City-State-Zip: VIENNA VA 22182

*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: JEANNE YOUNG**

**PRESIDENT**

**01/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date