

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90002 008 ****70.00

DOCUMENT # F05000007118

1. Entity Name
THE CHILDHOOD BRAIN TUMOR FOUNDATION, INC.



Principal Place of Business
 20312 WATKINS MEADOW DRIVE
 GERMANTOWN, MD 20876

Mailing Address
 20312 WATKINS MEADOW DRIVE
 GERMANTOWN, MD 20876

50021793



2. Principal Place of Business
 20312 Watkins Meadow Dr
 Suite, Apt. #, etc.

3. Mailing Address
 20312 Watkins Meadow Dr
 Suite, Apt. #, etc.

05232006 Chg-NP CR2E037 (4/06)

City & State
 Germantown, MD

City & State
 Germantown, MD

Zip
 20876

Country
 USA

Zip
 20876

Country
 USA

4. FEI Number **52-3122976**
~~F05000007118~~

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEFEIS, LYDIA
 2228 N.E. 26TH STREET
 LIGHTHOUSE POINT, FL 33364

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME YOUNG, JEANNE	
STREET ADDRESS 20312 WATKINS MEADOW DRIVE	
CITY-ST-ZIP GERMANTOWN, MD 20876	
TITLE D	<input type="checkbox"/> Delete
NAME SMITH, GILBERT ESQ	
STREET ADDRESS 40970 TAYLORSTOWN MEADOW PLACE	
CITY-ST-ZIP LOVETTSVILLE, VA 20180	
TITLE S	<input type="checkbox"/> Delete
NAME O'BRIEN, MICHELLE	
STREET ADDRESS 2810 SPARTAN ROAD	
CITY-ST-ZIP OLNEY, MD 20832	
TITLE T	<input type="checkbox"/> Delete
NAME YOUNG, JAMES	
STREET ADDRESS 20312 WATKINS MEADOW DRIVE	
CITY-ST-ZIP GERMANTOWN, MD 20876	
TITLE D	<input type="checkbox"/> Delete
NAME CORNMAN, CAROL	
STREET ADDRESS 1407 WYNHURST	
CITY-ST-ZIP VIENNA, VA 22182	
TITLE D	<input type="checkbox"/> Delete
NAME GREENSPUN, MICHAEL	
STREET ADDRESS 14412 QUIETWOOD TERRACE	
CITY-ST-ZIP N POTOMAC, MD 20874	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeanne P. Young* **Jeanne P. Young**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **877-217-4166**
301-515-2900