

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

DOCUMENT# N04000005143

**Entity Name:** JESSICA JUNE CHILDREN'S CANCER FOUNDATION, INC.

**FILED**  
**Mar 01, 2024**  
**Secretary of State**  
**9821381132CC**

**Current Principal Place of Business:**

JESSICA JUNE CHILDREN'S CANCER FOUNDATION  
1 LAS OLAS CIRCLE, STE. 209  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

JESSICA JUNE CHILDREN'S CANCER FOUNDATION  
1 LAS OLAS CIRCLE, SUITE 209  
FORT LAUDERDALE, FL 33316

**FEI Number: 13-4280980**

**Certificate of Status Desired: No**

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

MUVDI, SANDRA DPRES  
1 LAS OLAS CIRCLE  
SUITE 209  
FORT LAUDERDALE, FL 33316 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 DIRE  
Name MUVDI, SANDRA  
Address JESSICA JUNE CHILDREN'S CANCER FOUNDATION  
1 LAS OLAS CIRCLE, STE. 209  
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRE  
Name SJOQUIST, GREGG  
Address JESSICA JUNE CHILDREN'S CANCER FOUNDATION  
1 LAS OLAS CIRCLE, STE. 209  
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRE  
Name MUVDI, DIANA  
Address JESSICA JUNE CHILDREN'S CANCER FOUNDATION  
1 LAS OLAS CIRCLE, STE. 209  
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR  
Name REINSTEIN, LUCIA ANNE  
Address JESSICA JUNE CHILDREN'S CANCER FOUNDATION  
1 LAS OLAS CIRCLE, STE. 209  
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR  
Name HARLOW, KATIE  
Address JESSICA JUNE CHILDREN'S CANCER FOUNDATION  
1 LAS OLAS CIRCLE, STE. 209  
City-State-Zip: FORT LAUDERDALE FL 33316

*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: SANDRA MUVDI**

**PRESIDENT/CEO**

**03/01/2024**

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

\_\_\_\_\_  
Date