


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000000482**  
 1. Entity Name  
 CHRISTIAN CANCER CENTRE OF KAKINADA INDIA, INC.



Principal Place of Business      Mailing Address  
 2861 LOCKSLEY RD                      2861 LOCKSLEY RD  
 MELBOURNE, FL 32935                  MELBOURNE, FL 32935

**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 36-3388950      Not Applicable

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

8. Name and Address of Current Registered Agent  
 FIOL, MARTA M  
 2861 LOCKSLEY RD.  
 MELBOURNE, FL 32935

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9. 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 reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

U00000089929  
 03/16/04-80008-014 61.25

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCD<br>FIOL, MARTA M<br>2861 LOCKSLEY RD.<br>MELBOURNE, FL          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>FIOL, JUAN L<br>2861 LOCKSLEY RD.<br>MELBOURNE, FL            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SULLIVAN, PETER<br>230 S MARCO WAY<br>SATTELLITE BEACH, FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>RAPAKA, SAMPRASAD<br>1216 CIMARRON CIRCLE N.E.<br>PALM BAY, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LIND, CARL E<br>1015 WINTHROP LANE<br>ROCKFORD, IL             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SWENSON, CARL<br>911 CHELSEA AVE<br>ROCKFORD, IL               |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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:** *Marta M. Fiol*      3-10-2004      321-952-0898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 Marta M. Fiol, PCD