

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000482

**FILED**  
**Jun 19, 2012**  
**Secretary of State**

**Entity Name:** CHRISTIAN CANCER CENTRE OF KAKINADA INDIA, INC.

**Current Principal Place of Business:**

2861 LOCKSLEY RD  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

2861 LOCKSLEY RD  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 36-3388950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FIOL, MARTA M  
2861 LOCKSLEY RD.  
MELBOURNE, FL 32935 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: FIOL, MARTA M  
Address: 2861 LOCKSLEY RD.  
City-St-Zip: MELBOURNE, FL

Title: VD  
Name: FIOL, JUAN L  
Address: 2861 LOCKSLEY RD.  
City-St-Zip: MELBOURNE, FL

Title: SD  
Name: SULLIVAN, PETER  
Address: 230 S MARCO WAY  
City-St-Zip: SATELLITE BEACH, FL

Title: T  
Name: RAPAKA, SAMPRASAD  
Address: 1216 CIMARRON CIRCLE N.E.  
City-St-Zip: PALM BAY, FL

Title: D  
Name: LIND, CARL E  
Address: 1016 WINTHROP LANE  
City-St-Zip: ROCKFORD, IL

Title: D  
Name: SWENSON, CARL  
Address: 911 CHELSEA AVE  
City-St-Zip: ROCKFORD, IL

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: MARTA M FIOL

MRS

06/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date