

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003147

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** CHOMP CANCER FOUNDATION INC.

**Current Principal Place of Business:**

444 KOONHOLLOW GLN  
FORT WHITE, FL 32038

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 245  
FORT WHITE, FL 32038

**New Mailing Address:**

**FEI Number:** 45-1284156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALENTINE, LAUREN  
196 SCOTCH STREET  
PALM BAY, FL 32908 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: P  
Name: VALENTINE, LAUREN  
Address: 196 SCOTCH STREET  
City-St-Zip: PALM BAY, FL 32908

Title: VP  
Name: KOON, DAVID  
Address: PO BOX 245  
City-St-Zip: FORT WHITE, FL 32038

Title: VP  
Name: VALENTINE, LINDSAY  
Address: 1267 BEDROCK AVENUE  
City-St-Zip: PALM BAY, FL 32907

Title: S  
Name: KOON, BETTY  
Address: PO BOX 93  
City-St-Zip: FORT WHITE, FL 32038

Title: T  
Name: VALENTINE, KATHY  
Address: 1267 BEDROCK AVENUE  
City-St-Zip: PALM BAY, FL 32907

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: LAUREN VALENTINE

P

05/01/2012

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

\_\_\_\_\_  
Date