

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004325

Entity Name: SOUTH FLORIDA CANCER ASSOCIATION, INC.**Current Principal Place of Business:**

SOUTH FLORIDA CANCER ASSOCIATION, INC
100 SE 2ND STREET SUITE 2000
MIAMI, FL 33131

Current Mailing Address:

SOUTH FLORIDA CANCER ASSOCIATION, INC
3095 S TELlico TERRACE
INVERNESS, FL 34450 US

FEI Number: 26-2537043**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

DUTTON, EDDIE
SOUTH FLORIDA CANCER ASSOCIATION, INC
100 SE 2ND STREET SUITE 2000
MIAMI, FL 33131 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 CEO
Name DUTTON, EDDIE
Address SOUTH FLORIDA CANCER
ASSOCIATION, INC
100 SE 2ND STREET SUITE 2000
City-State-Zip: MIAMI FL 33131

Title TRUSTEE
Name CUTLIFF, FAITH
Address SOUTH FLORIDA CANCER
ASSOCIATION, INC
100 SE 2ND STREET SUITE 2000
City-State-Zip: MIAMI FL 33131

Title TRUSTEE
Name MILLER, HERBERT DR.
Address SOUTH FLORIDA CANCER
ASSOCIATION, INC
100 SE 2ND STREET SUITE 2000
City-State-Zip: MIAMI FL 33131

Title PD
Name JOSEPH, SHERRY
Address SOUTH FLORIDA CANCER
ASSOCIATION, INC
100 SE 2ND STREET SUITE 2000
City-State-Zip: MIAMI FL 33131

Title TRUSTEE
Name MERCADAL-SABBAGH, TRUDY
Address SOUTH FLORIDA CANCER
ASSOCIATION, INC
100 SE 2ND STREET SUITE 2000
City-State-Zip: MIAMI FL 33131

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: EDDIE DUTTON**EXECUTIVE DIRECTOR****03/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date