

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001501

Entity Name: BACK FIGHTING CANCER, INC.**Current Principal Place of Business:**27847 SW HWY 19
OLD TOWN, FL 32680**Current Mailing Address:**POST OFFICE BOX 1419
OLD TOWN, FL 32680 US**FEI Number: 45-4795060****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, NATASHA M
27847 SW HWY 19
OLD TOWN, FL 32680 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 DIRECTOR
Name ALLEN, NATASHA M
Address POST OFFICE BOX 1419
City-State-Zip: OLD TOWN FL 32680

Title DIRECTOR
Name ALLEN, PATRICK
Address POST OFFICE BOX 1419
City-State-Zip: OLD TOWN FL 32680

Title DIRECTOR
Name MUNKITTRICK, KARRIE
Address POST OFFICE BOX 1419
City-State-Zip: OLD TOWN FL 32680

Title DIRECTOR
Name BUSH, KENDALL
Address POST OFFICE BOX 1419
City-State-Zip: OLD TOWN FL 32680

Title DIRECTOR
Name BUSH, CRYSTAL
Address POST OFFICE BOX 1419
City-State-Zip: OLD TOWN FL 32680

Title DIRECTOR
Name TILLIS, KAREN
Address POST OFFICE BOX 1419
City-State-Zip: OLD TOWN FL 32680

Title DIRECTOR
Name MATHIS, HEATHER
Address POST OFFICE BOX 1419
City-State-Zip: OLD TOWN FL 32680

Title DIRECTOR
Name HILLIARD, BRANDI
Address POST OFFICE BOX 1419
City-State-Zip: OLD TOWN FL 32680

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: NATASHA M ALLEN**DIRECTOR****04/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date