

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002856

**FILED**  
**Feb 26, 2016**  
**Secretary of State**  
**CC4746729971**

**Entity Name:** ENGLEWOOD AREA CANCER FOUNDATION, INC.

**Current Principal Place of Business:**

540 S MCCALL ROAD  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

PO BOX 318  
ENGLEWOOD, FL 34295 US

**FEI Number: 45-4822626**

**Certificate of Status Desired: No**

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

FARO, BRIAN  
540 S MCCALL ROAD  
ENGLEWOOD, FL 34223 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: BRIAN FARO**

**02/26/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FARO, BRIAN  
Address        540 S MCCALL ROAD  
City-State-Zip: ENGLEWOOD FL 34223

Title            VP  
Name            MEAD, JOHN  
Address        2780 WORTH AVE  
City-State-Zip: ENGLEWOOD FL 34224

Title            TREASURER  
Name            BRAY, CHARLIE  
Address        220 ROTONDA BLVD N  
City-State-Zip: ROTONDA WEST FL 33947

Title            SECRETARY  
Name            SANDNESS, MARGERY  
Address        2960 TOWHEE ST  
City-State-Zip: ENGLEWOOD FL 34224

*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: BRIAN FARO**

**PRESIDENT**

**02/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date