

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N12000002856

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

**Current Principal Place of Business:**

701 N INDIANA AVE  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

PO BOX 318  
ENGLEWOOD, FL 34295 US

**FEI Number:** 45-4822626

**Certificate of Status Desired:** Yes

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

HALSTEAD, ERIN A  
313 N OXFORD DR  
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:** ERIN A HALSTEAD

08/21/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name LONG, LOU  
Address 1750 FAUST DR  
City-State-Zip: ENGLEWOOD FL 34224

Title DV  
Name HIPPS, ROB  
Address 1324 DEPRIE RD  
City-State-Zip: ENGLEWOOD FL 34223

Title DT  
Name HALSTEAD, ERIN A  
Address 313 N OXFORD DR  
City-State-Zip: ENGLEWOOD FL 34223

Title DS  
Name MILLER, KAREN  
Address 13551 FORESMAN BLVD  
City-State-Zip: PORT CHARLOTTE FL 33981

*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:** ERIN A HALSTEAD

DT

08/21/2013

Electronic Signature of Signing Officer/Director Detail

Date