

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005969

Entity Name: COMRIE CANCER FOUNDATION, INC.**Current Principal Place of Business:**5237 SUMMERLIN COMMONS BOULEVARD
232
FORT MYERS, FL 33907**Current Mailing Address:**5237 SUMMERLIN COMMONS BOULEVARD
232
FORT MYERS, FL 33907 US**FEI Number:** 47-4326167**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, CHARLES ESQ.
1633 SE 47TH TERRACE
CAPE CORAL, FL 33904 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	PRES AND DIRECTOR
Name	COMRIE, DOUGLAS
Address	5237 SUMMERLIN COMMONS BOULEVARD #232
City-State-Zip:	FORT MYERS FL 33907

Title	VP AND DIRECTOR
Name	COMRIE, CAROLYN
Address	5237 SUMMERLIN COMMONS BOULEVARD #232
City-State-Zip:	FORT MYERS FL 33907

Title	SEC
Name	SEKERAK, SCOTT
Address	5237 SUMMERLIN COMMONS BOULEVARD #232
City-State-Zip:	FORT MYERS FL 33907

Title	TRES AND DIRECTOR
Name	JONES, WANDA
Address	5237 SUMMERLIN COMMONS BOULEVARD #232
City-State-Zip:	FORT MYERS FL 33907

Title	DIRECTOR
Name	DEAN, MAX
Address	5237 SUMMERLIN COMMONS BOULEVARD 232
City-State-Zip:	FORT MYERS FL 33907

Title	DIRECTOR
Name	JONES, CHARLES C
Address	1633 SE 47TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904

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: CHARLES C JONES II**DIRECTOR****03/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date