

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000005605

**FILED**  
**Apr 19, 2022**  
**Secretary of State**  
**4110761451CC**

**Entity Name:** FIGHT COLORECTAL CANCER, INCORPORATED

**Current Principal Place of Business:**

134 PARK CENTRAL SQUARE, SUITE 210  
SPRINGFIELD, MO 65806

**Current Mailing Address:**

134 PARK CENTRAL SQUARE, SUITE 210  
SPRINGFIELD, MO 65806 US

**FEI Number:** 20-2622550

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 GRIEGE, TERI  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806

Title PRES  
Name DAVIS, ANJELICA  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806

Title SECRETARY  
Name KRAMER, ANDREA  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806

Title TREASURER  
Name RYE, DANA  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806

Title DIRECTOR  
Name HAUSMANN, ERIC  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806

Title DIRECTOR  
Name SWEIGART, CARRIE  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806

Title DIRECTOR  
Name ZAHNER, KATHERINE  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806

Title DIRECTOR  
Name NICHOLAS, DR. ANGELA  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806

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*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: ANDREA KRAMER**

**SECRETARY**

**04/19/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DOORNINK, RON  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806

Title DIRECTOR  
Name SEGUIN, ROMAINE  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806

Title DIRECTOR  
Name GREENE, STEVE  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806

Title CHAIRMAN  
Name ROACH, NANCY  
Address 134 PARK CENTRAL SQUARE, SUITE 210  
City-State-Zip: SPRINGFIELD MO 65806