

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705004

FILED  
Jan 25, 2008  
Secretary of State

**Entity Name:** AMERICAN CANCER SOCIETY, FLORIDA DIVISION, INC.

**Current Principal Place of Business:**

3709 W JETTON AVE .  
TAMPA, FL 336295146

**New Principal Place of Business:**

**Current Mailing Address:**

3709 W JETTON AVE .  
TAMPA, FL 336295146

**New Mailing Address:**

**FEI Number:** 59-0657320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WEBSTER, DONALD  
3709 W. JETTON AVE.  
TAMPA, FL 336295146 US

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

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

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: OTTO, BARBARA CFP  
Address: 1141 SWEET HEATHER LANE  
City-St-Zip: APOPKA, FL 32712

Title: AST ( ) Delete  
Name: PAVLIK, TANYA M CPA  
Address: 3709 W JETTON AVE  
City-St-Zip: TAMPA, FL 33629

Title: PD ( ) Delete  
Name: CHAPERON, JOHN S  
Address: 2825 NE 35TH COURT  
City-St-Zip: FT. LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: CEROW, MICHAEL S CPA  
Address: 1801 SARNO ROAD, SUITE 3  
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: MENDEZ, MARIO A MD  
Address: 7884 SW 194TH STREET  
City-St-Zip: CUTLER BAY, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TANYA PAVLIK

AST

01/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date