


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90117 044 ****61.25

DOCUMENT # F07000000821

1. Entity Name
COMMUNITY CANCER EDUCATION, INC.



Principal Place of Business
**900 HENDERSONVILLE RD., STE. 304
 ASHEVILLE, NC 28803**

Mailing Address
**12573 NEW BRITTANY BLVD., BUILDING 23
 FT. MYERS, FL 33907**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



04212008 Chg-NP CR2E037 (12/06)

4. FEI Number
56-1979671

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALENIUS, SHARON
 12573 NEW BRITTANY BLVD., BLDG. 23
 FT. MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	AGIN, SOLOMON	
STREET ADDRESS	19400 CROMWELL CT., #108	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENDRIX, WINFORD	
STREET ADDRESS	6714 WILLOW LAKE CIR.	
CITY-ST-ZIP	FT. MYERS, FL 33966	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FERNANDEZ-VICIOSO, EDUARDO	
STREET ADDRESS	4351 E. 22 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, LEONARDO	
STREET ADDRESS	13222 GREYWOOD CIR.	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERIDAN, HOWARD	
STREET ADDRESS	3680 BROADWAY	
CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	421 STONY TREE RD.	
CITY-ST-ZIP	W. JEFFERSON, NC 28694	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Salenius **SHARON SALENIUS** 4/21/08 239-938-9304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #