

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# F07000000821

Entity Name: COMMUNITY CANCER EDUCATION, INC.

Current Principal Place of Business:

900 HENDERSONVILLE RD., STE. 304
ASHEVILLE, NC 28803

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 56-1979671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALENIUS, SHARON
12573 NEW BRITTANY BLVD., BLDG. 23
FT. MYERS, FL 33907 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: CP () Delete
Name: AGIN, SOLOMON
Address: 19400 CROMWELL CT., #108
City-St-Zip: FT. MYERS, FL 33912

Title: V () Delete
Name: HENDRIX, WINFORD
Address: 421 STONY TREE RD.
City-St-Zip: WEST JEFFERSON, NC 28694

Title: ST () Delete
Name: FERNANDEZ-VICIOSO, EDUARDO
Address: 4351 E. 22 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: GARCIA, LEONARDO
Address: 13222 GREYWOOD CIR.
City-St-Zip: FT. MYERS, FL 33912

Title: D () Delete
Name: SHERIDAN, HOWARD
Address: 3680 BROADWAY
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: HOWARD SHERIDAN

D

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date