

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000005521	
1. Entity Name CANCER RECOVERY FOUNDATION OF AMERICA, INC.	



Principal Place of Business 6380 FLANK DRIVE SUITE 400 HARRISBURG, PA 17112	Mailing Address 6380 FLANK DRIVE SUITE 400 HARRISBURG, PA 17112
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01192005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 33-0418563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: registered agent signature required when reissuing)</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANDERSON, GREG 801 E PARK DR STE 104 HARRISBURG, PA 17111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REGINALD, SHAVE 2397 CROSS COUNTY KALAMAZOO, MI 49009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRINCE, MARK Q 4052 BROADMOOR COURT HOWELL, MI 48843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUDWIG, CAROLYN J 73450 COUNTRY CLUB DR #246 PALM DESERT, CA 92260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRINCE, MARK 4052 BROADMOOR CT HOWELL, MI 48843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000254808
03/07/05-80089-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.	
SIGNATURE: <u>Gregory B. Anderson, CEO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/31/05</u> Daytime Phone #: <u>(717) 545-7600</u>