

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000000482

1. Entity Name
CHRISTIAN CANCER CENTRE OF KAKINADA INDIA, INC.



Principal Place of Business
**2861 LOCKSLEY RD
MELBOURNE, FL 32935**

Mailing Address
**2861 LOCKSLEY RD
MELBOURNE, FL 32935**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3388950	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

**FIOL, MARTA M
2861 LOCKSLEY RD.
MELBOURNE, FL 32935**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000589202
01/18/07-80005-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FIOL, MARTA M 2861 LOCKSLEY RD. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIOL, JUAN L 2861 LOCKSLEY RD. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, PETER 230 S MARCO WAY SATELLITE BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAPAKA, SAMPRASAD 1216 CIMARRON CIRCLE N.E. PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIND, CARL E 1016 WINTHROP LANE ROCKFORD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWENSON, CARL 911 CHELSEA AVE ROCKFORD, IL

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IN THIS SPACE**

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: *Marta M. Fiol President* *01/04/07* *321-952-0898*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #