


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 OCT -3 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005010					
1. Entity Name CONCERNED CITIZENS TO COMBAT CANCER, INC.					
Principal Place of Business 8107 PAMLICO STREET ORLANDO, FL 32817			Mailing Address P.O. BOX 2649 ORLANDO, FL 32802		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3649483 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08232005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, JOCELYN 8107 PAMLICO STREET ORLANDO, FL 32817				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, JOCELYN		NAME		
STREET ADDRESS	P.O. BOX 2649		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32802		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, RAVONDA		NAME		
STREET ADDRESS	431 S. SEMORAN BLVD #300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32792		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, BOB		NAME		
STREET ADDRESS	10300 WOODSTREAM COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, CAROLYN		NAME		
STREET ADDRESS	4235 COLONY WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MESTRE, THOMAS		NAME		
STREET ADDRESS	707 SOUTH SEMORAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Harris, Ravonda		NAME		
STREET ADDRESS	431 S. Semoran Blvd #300		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32792		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Jocelyn Jones</u> Date: <u>8-23-05</u> Daytime Phone #: <u>(407) 677-8032</u>					

Concerned Citizens to Combat Cancer, Inc.

P.O. Box 2649
Orlando, Florida 32802
Office: (407) 677-8032
Fax: (407) 677-8032
Email: cc2ccancer@hotmail.com

August 23, 2005

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

RE: N00000005010 Intent to Dissolve

To Whom It May Concern:

Our organization did not receive our annual renewal notice. Enclosed is check for annual renewal.

Respectfully Submitted,

Jocelyn Jones,
President



Jocelyn A. Jones,
Chairperson of the Board
President
Co-Chairperson
NBLIC II's Orlando Chapter
Founder
Partnership for Minority Health
Education Initiative

Joseph R. Sanders,
Chairperson
NBLIC II's Orlando Chapter

Board Members:

- Ravonda Harris,
Humana, Inc.
- Carolyn Jones,
City of Orlando
- Dana R. Mitchell,
Liberty Mutual, Inc.
- Bob Williams,
Fitter Than U, Inc.



Recipient of
the...Shining
Example Award
News letter/Internet
Feature Story.
Created by the State
Center for Health
Statistics. April
2001.

Orange County
Government's Excellence
in Leadership 2005