

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005010

FILED
Apr 30, 2007
Secretary of State

Entity Name: CONCERNED CITIZENS TO COMBAT CANCER, INC.

Current Principal Place of Business:

8107 PAMLICO STREET
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2649
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-3649483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JOCELYN
8107 PAMLICO STREET
ORLANDO, FL 32817 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: PTD () Delete
Name: JONES, JOCELYN
Address: P.O. BOX 2649
City-St-Zip: ORLANDO, FL 32802

Title: VD () Delete
Name: MITCHELL, DANA
Address: 1665 CLURA WARD
City-St-Zip: APOPKAO, FL 32703

Title: SD () Delete
Name: WILLIAMS, BOB
Address: 10300 WOODSTREAM COURT
City-St-Zip: ORLANDO, FL 32828

Title: BM () Delete
Name: JONES, CAROLYN
Address: 4235 COLONY WAY
City-St-Zip: ORLANDO, FL 32808

Title: BM () Delete
Name: HARRIS, RAVONDA
Address: 431 S SEMORAN BLVD #300
City-St-Zip: ORLANDO, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: JOCELYN JONES

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date