

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005010

FILED
Apr 30, 2011
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
Name: JONES, JOCELYN
Address: P.O. BOX 2649
City-St-Zip: ORLANDO, FL 32802

Title: VD
Name: MITCHELL, DANA
Address: 1665 CLARA WARD
City-St-Zip: APOPKAO, FL 32703

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

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

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

Title: BM
Name: OJAIDE, DAFE
Address: 37 NORTH ORANGE AVE.,#810
City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: JOCELYN A. JONES

PRES

04/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date