


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # N02000005371</b> 1. Entity Name <b>TAKING THE FEAR OUT OF CANCER, INC.</b>	
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<b>Principal Place of Business</b> 11362 162ND PLACE NORTH JUPITER, FL 33478	<b>Mailing Address</b> 11362 162ND PLACE NORTH JUPITER, FL 33478
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**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 42-1543308	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

VESTUTE, MURPHY  
11362 162ND PLACE NORTH  
JUPITER, FL 33478

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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)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>DATE</b> 04/28/04-80032-025 61.25
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D VESTUTE, MURPHY 11362 162ND PLACE NORTH JUPITER, FL 33478
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BASILE, LOUIS V 1101F SABAL RIDGE CIRCLE PALM BEACH GARDENS, FL 33418
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D VESTUTE, EDWARD J 11362 162ND PLACE NORTH JUPITER, FL 33478
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**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:** Murphy Vestute / MURPHY VESTUTE 5/1/04 521-747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #