



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90540 017 ****61.25

DOCUMENT # N03000000929					
1. Entity Name WOMEN'S CANCER SUPPORT SERVICES, INC.					
Principal Place of Business 300 SEVILLA AVENUE SUITE 215 CORAL GABLES, FL 33134			Mailing Address 300 SEVILLA AVENUE SUITE 215 CORAL GABLES, FL 33134		
2. Principal Place of Business 1501 VENERA AVE Suite, Apt. #, etc. SUITE 223 City & State CORAL GABLES Zip 33146 Country USA		3. Mailing Address 1501 VENERA AVE Suite, Apt. #, etc. SUITE 223 City & State CORAL GABLES Zip 33146 Country USA			
4. FEI Number 33-1041850				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHERBURNE, FREDERICK 300 SEVILLA AVENUE, #215 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <u>SHERBURNE, FREDERICK</u> Street Address (P.O. Box Number is Not Acceptable) <u>1501 VENERA AVE</u> <u>SUITE 223</u> City <u>CORAL GABLES</u> FL Zip Code <u>33146</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/28/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	D CUTLER, RONALD 1172 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHERBURNE, FREDERICK 300 SEVILLA AVENUE, #215 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHERBURNE, 1501 VENERA AVE, SUITE 223 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISAMAN, CYNTHIA S 300 SEVILLA AVENUE #215 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EISAMAN, CYNTHIA 1501 VENERA AVE, SUITE 223 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P HARRIS, DIANE 5216 NORTHWEST 28 STREET MARGATE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/28/05</u>		Daytime Phone #	