2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# N03000010204

Entity Name: FRIENDS OF ALTERNATIVE CANCER THERAPY, INC.

Current Principal Place of Business:

5079 N. DIXIE HWY., #196
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

5079 N. DIXIE HWY., #196
FT. LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASON, DONIELLE
633 SW 4TH AVE. 7
FT. LAUDERDALE, FL 33317 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: PD ( ) Delete
Name: MITCHELL, MILLIE
Address: 611 NE 49TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: VD ( ) Delete
Name: HANSEN, JEAN
Address: 1532 NE 62ND ST.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: STD ( ) Delete
Name: LASHBROOK, JUDY
Address: 2607 MARATHON LANE
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
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 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 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: MILLIE MITCHELL PD 05/01/2004

Electronic Signature of Signing Officer or Director — Date