2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04000002337

Entity Name: COUNTRYSIDE CANCER ASSISTANCE PROGRAM, INC.

Current Principal Place of Business:

3155 N. MCMULLEN BOOTH RD.
CLEARWATER, FL 337612008

New Principal Place of Business:

3155 N. MCMULLEN BOOTH RD.
CLEARWATER, FL 337612008 US

Current Mailing Address:

3155 N. MCMULLEN BOOTH RD.
CLEARWATER, FL 337612008

New Mailing Address:

3155 N. MCMULLEN BOOTH RD.
CLEARWATER, FL 337612008 US

FEI Number: 20-1006024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DAVID R
4761 HAMPTON CT.
OLDSMAR, FL 346771970 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:	POD	( ) Delete
Name:	GAUWITZ, MICHAEL D	
Address:	3155 N. MCMULLEN BOOTH RD.	
City-St-Zip:	CLEARWATER, FL 337612008	
Title:	D	( ) Delete
Name:	SCHOONOVER, MARY	
Address:	3155 N. MCMULLEN BOOTH RD.	
City-St-Zip:	CLEARWATER, FL 337612008	
Title:	D	( ) Delete
Name:	SALSBURY, LAURA	
Address:	3155 N. MCMULLEN BOOTH RD.	
City-St-Zip:	CLEARWATER, FL 337612008	
Title:	D	( ) Delete
Name:	WISE, LINDA	
Address:	3155 N. MCMULLEN BOOTH RD.	
City-St-Zip:	CLEARWATER, FL 337612008	
Title:	SOD	( ) Delete
Name:	KWELLER, SUSAN	
Address:	3155 N. MCMULLEN BOOTH RD.	
City-St-Zip:	CLEARWATER, FL 337612008	
Title:	TO	( ) Delete
Name:	SMITH, DAVID R	
Address:	P.O. BOX 14159	
City-St-Zip:	CLEARWATER, FL 337664159	

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:	
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 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: DAVID R SMITH TO 01/16/2009

Electronic Signature of Signing Officer or Director — Date