2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002337

FILED Feb 02, 2011 Secretary of State

Entity Name: COUNTRYSIDE CANCER ASSISTANCE PROGRAM, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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: Name and Address of New Registered Agent:

SMITH, DAVID R 4761 HAMPTON CT. OLDSMAR, FL 346771970 US

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

Name: GAUWITZ, MICHAEL D

Address: 3155 N. MCMULLEN BOOTH RD. City-St-Zip: CLEARWATER, FL 337612008

Title: D

Name: SCHOONOVER, MARY

Address: 3155 N. MCMULLEN BOOTH RD. City-St-Zip: CLEARWATER, FL 337612008

Title:

Name: SALSBURY, LAURA

Address: 3155 N. MCMULLEN BOOTH RD. City-St-Zip: CLEARWATER, FL 337612008

Title: [

Name: WISE, LINDA

Address: 3155 N. MCMULLEN BOOTH RD. City-St-Zip: CLEARWATER, FL 337612008

Title: SOD

Name: KWELLER, SUSAN

Address: 3155 N. MCMULLEN BOOTH RD. City-St-Zip: CLEARWATER, FL 337612008

Title: TO

Name: SMITH, DAVID R Address: P.O. BOX 14159

City-St-Zip: CLEARWATER, FL 337664159

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: MICHAEL D GAUWITZ D 02/02/2011