

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90050 039 ****70.00

DOCUMENT # N04000004002 1. Entity Name GREATER CLERMONT CANCER FOUNDATION, INC.					
Principal Place of Business 10832 LAKE MINNEOLA SHORES CLERMONT, FL 34711			Mailing Address 10832 LAKE MINNEOLA SHORES CLERMONT, FL 34711		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 34-1976310	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HORTON, DENNIS L 900 W HWY 50 CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)</small>					
Filing Fee is \$61.25 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 HUTCHESON, PHYLLIS D <input type="checkbox"/> Delete 10832 LAKE MINNEOLA SHORES CLERMONT, FL 34711			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HUTCHESON, PHYLLIS D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10832 LAKE MINNEOLA SHORES CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHESON, VICTOR L <input type="checkbox"/> Delete 10832 LAKE MINNEOLA SHORES CLERMONT, FL 34711			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HUTCHESON, VICTOR L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10832 LAKE MINNEOLA SHORES CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, LAURA STOKES <input type="checkbox"/> Delete PO BOX 1725 MINNEOLA, FL 34711			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HENRY, LAURA STOKES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 1725 MINNEOLA, FL 34755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CARTIER, KELLY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1320 W LAKESHORE DRIVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, JOE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11234 ROSEHILL DR. CLERMONT, FL 34711
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:				VICTOR L HUTCHESON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
3/14/2005				352-394-8401	
Daytime Phone #					