

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**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**



04072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**34-1976310**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HORTON, DENNIS L**  
**900 W HWY 50**  
**CLERMONT, FL 34711**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VD**  
**HUTCHESON, PHYLLIS D**  
**10832 LAKE MINNEOLA SHORES**  
**CLERMONT, FL 34711**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD**  
**HUTCHESON, VICTOR L**  
**10832 LAKE MINNEOLA SHORES**  
**CLERMONT, FL 34711**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**SD**  
**HENRY, LAURA STOKES**  
**P.O. BOX 1725**  
**MINNEOLA, FL 34755**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TD**  
**CARTIER, KELLY**  
**1320 W LAKESHORE DRIVE**  
**CLERMONT, FL 34711**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**HOLT, JOE**  
**11234 ROSEHILL DR**  
**CLERMONT, FL 34711**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000519154  
05/02/06-80040-021 70.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Hutcherson* **VICTOR L HUTCHERSON**

**4/17/06**

**352-394-8401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #