2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N04000004002

Entity Name: GREATER CLERMONT CANCER FOUNDATION, INC.

Current Principal Place of Business:

10832 LAKE MINNEOLA SHORES
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

10832 LAKE MINNEOLA SHORES
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 34-1976310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HORTON, DENNIS L
900 W HWY 50
CLERMONT, FL 34711 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:	VD	( ) Delete
Name:	HUTCHESON, PHYLLIS D	
Address:	10832 LAKE MINNEOLA SHORES	
City-St-Zip:	CLERMONT, FL 34711	
Title:	PD	( ) Delete
Name:	HUTCHESON, VICTOR L	
Address:	10832 LAKE MINNEOLA SHORES	
City-St-Zip:	CLERMONT, FL 34711	
Title:	TD	( ) Delete
Name:	HENRY, LAURA STOKES	
Address:	P.O. BOX 1725	
City-St-Zip:	MINNEOLA, FL 34755	
Title:	SD	( ) Delete
Name:	CARTIER, KELLY	
Address:	1320 W LAKESHORE DRIVE	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	HOLT, JOE	
Address:	11234 ROSEHILL DR	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	SIMPSON, KAY	
Address:	17936 WHISPERWOOD DR	
City-St-Zip:	CLERMONT, FL 34711	

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: VICTOR L HUTCHESON PD 04/10/2008
Electronic Signature of Signing Officer or Director — Date