

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

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005445

1. Entity Name
FIRST COAST CANCER FOUNDATION, INC.



Principal Place of Business
**2501 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205**

Mailing Address
**2501 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205**



01102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
20-1180330

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEEK, DAVID H
1301 RIVERPLACE BOULEVARD, SUITE 1609
JACKSONVILLE, FL 32207**

**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
**T
ACKERMAN, SCOT M.D.
2501 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
ACKERMAN, RYAN S M.D.
2501 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
MARGOLIES, JAN
2501 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SCOTT, MARGARET R.N.
2501 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000396778
01/30/06-80023-012 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/06