2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State
03-02-2007 90017 019 ****61.25

DOCUMENT # N04000005445

1. Entity Name
FIRST COAST CANCER FOUNDATION, INC.

Principal Place of Business	Mailing Address
2501 RIVERSIDE AVENUE JACKSONVILLE, FL 32205	2501 RIVERSIDE AVENUE JACKSONVILLE, FL 32205

02192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2357 RIVERSIDE AVE	2357 RIVERSIDE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32204 Country: USA	Zip: 32204 Country: USA

4. FEI Number 20-1180330 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEEK, DAVID H 1301 RIVERPLACE BOULEVARD, SUITE 1609 JACKSONVILLE, FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	T ACKERMAN, SCOT M.D. 2501 RIVERSIDE AVENUE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2357 RIVERSIDE AVE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ACKERMAN, RYAN S M.D. 2501 RIVERSIDE AVENUE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RYAN S. PERKINS, MD 2357 RIVERSIDE AVE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARGOLIES, JAN 2501 RIVERSIDE AVENUE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2357 RIVERSIDE AVE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCOTT, MARGARET R.N. 2501 RIVERSIDE AVENUE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2357 RIVERSIDE AVE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 904-387-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #