

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004925

FILED  
Jan 19, 2010  
Secretary of State

**Entity Name:** SPACE COAST CANCER FOUNDATION, INC.

**Current Principal Place of Business:**

490 N WASHINGTON AVENUE  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

**Current Mailing Address:**

490 N WASHINGTON AVENUE  
TITUSVILLE, FL 32796 US

**New Mailing Address:**

**FEI Number:** 20-4726770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, RICHARD M M.D.  
490 N WASHINGTON AVENUE  
TITUSVILLE, FL 32796 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:** D  
**Name:** LEVINE, RICHARD M M.D.  
**Address:** 490 N WASHINGTON AVENUE  
**City-St-Zip:** TITUSVILLE, FL 32796 US

**Title:** T  
**Name:** NORMAN, TINA  
**Address:** 2119 INDIAN RIVER DRIVE  
**City-St-Zip:** COCOA, FL 32922 US

**Title:** D  
**Name:** JONES, HARRY  
**Address:** 1901 SOUTH HARBOR CITY BLVD  
**City-St-Zip:** MELBOURNE, FL 32901 US

**Title:** P  
**Name:** BRADLEY, LINDA  
**Address:** 4747 SOUTH WASHINGTON AVENUE #146  
**City-St-Zip:** TITUSVILLE, FL 32780 US

**Title:** S  
**Name:** NIELSEN, ALICE  
**Address:** 315 BUCHANAN AVENUE #101  
**City-St-Zip:** CAPE CANAVERAL, FL 32932 US

**Title:** D  
**Name:** GUERRA, RALPH  
**Address:** 4494 KENNETH COURT  
**City-St-Zip:** TITUSVILLE, FL 32780 US

I hereby 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 all other like empowered.

**SIGNATURE:** RICHARD M LEVINE

D

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date