

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002256

FILED
Apr 29, 2009
Secretary of State

Entity Name: DREAMS OF A LIFETIME FOR CANCER PATIENTS, INC.

Current Principal Place of Business:

4440 SW ARCHER ROAD #2627
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

4440 SW ARCHER ROAD #2627
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-8568482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARILLI, JASON A
4440 SW ARCHER ROAD #2627
GAINESVILLE, FL 32608 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 () Delete
Name: CARILLI, JASON
Address: 4440 SW ARCHER ROAD #2627
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: FOOTE, ANGELA
Address: 4440 SW ARCHER ROAD #2627
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: CARILLI, ALLISON
Address: 4440 SW ARCHER ROAD #2627
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: RHOAD, KEVIN
Address: 4440 SW ARCHER ROAD #2627
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: ROSSI, MICHELLE M.D.
Address: 4440 SW ARCHER ROAD #2627
City-St-Zip: GAINESVILLE, FL 32608

Title: PVTs () Delete
Name: CARILLI, JASON A
Address: 4440 SW ARCHER ROAD #2627
City-St-Zip: GAINESVILLE, FL 32608

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: JASON A. CARILLI

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date