

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010885

FILED
Jan 16, 2009
Secretary of State

Entity Name: DEBBY HUDSON COLON CANCER FOUNDATION, INC.

Current Principal Place of Business:

9460 E BAYMEADOWS DRIVE
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

9460 E BAYMEADOWS DRIVE
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 26-1459754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STATEN, CINDY
9460 E BAYMEADOWS DRIVE
INVERNESS, FL 34450 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: PD () Delete
Name: STATEN, CINDY
Address: 9460 E BAYMEADOWS DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: V () Delete
Name: SPRAGUE, MATTHEW
Address: 335 WOODSTREAM DRIVE
City-St-Zip: NEWMAN, GA 30265

Title: SDT () Delete
Name: STATEN, ED
Address: 9460 E BAYMEADOWS DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: SD () Delete
Name: STATEN SPRAGUE, MARY E
Address: 335 WOODSTREAM DRIVE
City-St-Zip: NEWMAN, GA 30265

Title: D () Delete
Name: VRAGOVIC, WILLIAM
Address: 514 N MARTIN AVE APT A
City-St-Zip: MUNCIE, IN 47303

Title: D () Delete
Name: HUDSON JR, STANTON
Address: 839 AUBURN AVE
City-St-Zip: BUFFALO, NY 14222

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: D (X) Change () Addition
Name: VRAGOVIC, WILLIAM
Address: 862 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34450

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: EDWARD STATEN

TREA

01/16/2009

Electronic Signature of Signing Officer or Director

Date