

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001709

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: ANGLING AGAINST CANCER, INC.

## Current Principal Place of Business:

1671 MARINA LAKE DRIVE  
KISSIMMEE, FL 34744

## New Principal Place of Business:

## Current Mailing Address:

1671 MARINA LAKE DRIVE  
KISSIMMEE, FL 34744

## New Mailing Address:

FEI Number: 26-2102492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNS, KATHI  
1639 MARINA LAKE DRIVE  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

SMITH, NORMAN J  
917 W EMMET ST  
KISSIMMEE, FL 34741 US

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: NORMAN SMITH

03/31/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SEAGRAVES, TERRY  
Address: 1671 MARINA LAKE DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: SD ( ) Delete  
Name: CARROLL, TERRI  
Address: 1630 GRANDVIEW BLVD  
City-St-Zip: KISSIMMEE, FL 34744

Title: TD ( ) Delete  
Name: JOHNS, KATHI  
Address: 1671 MARINA LAKE DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Delete  
Name: SMITH, NORMAN J  
Address: 917 W EMMET ST  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SEGRAVES, TERRY  
Address: 1671 MARINA LAKE DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: SD (X) Change ( ) Addition  
Name: KERR, KAREN  
Address: 1472 SKYLINE DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Change ( ) Addition  
Name: SMITH, NORMAN J  
Address: 917 W EMMET ST  
City-St-Zip: KISSIMMEE, FL 34741

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: TERRY SEGRAVES

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date