

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002807

FILED
Apr 24, 2009
Secretary of State

Entity Name: LINDA M. QUISPE CANCEL CANCER CRUSADE INC.

Current Principal Place of Business:

6100 FALLS CIRCLE DRIVE S., BLG7
306
LAUDERHILL, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

6100 FALLS CIRCLE DRIVE S., BLG7
306
LAUDERHILL, FL 33319 US

New Mailing Address:

10125 W. OAKLAND PARK BLVD.
P.O. BOX 313
SUNRISE, FL 33351 US

FEI Number: 26-2644559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUISPE, LINDA M
6100 FALLS CIRCLE DRIVE S., BLG7
306
LAUDERHILL, FL 33319 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: P () Delete
Name: QUISPE, LINDA M
Address: 6100 FALLS CIRCLE DRIVE S., BLG7 APT#306
City-St-Zip: LAUDERHILL, FL 33319 US

Title: VP () Delete
Name: JOSEPH, SANDRA
Address: 6100 FALLS CIRCLE DRIVE S., BLG7 APT#102
City-St-Zip: LAUDERHILL, FL 33319 US

Title: S () Delete
Name: HALL, LINDA
Address: 8739 SW 50TH PLACE
City-St-Zip: COOPER CITY, FL 33328 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: INSANG, SANDRA
Address: 6100 FALLS CIRCLE DRIVE S., BLG7 APT#102
City-St-Zip: LAUDERHILL, FL 33319 US

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: SANDRA INSANG

VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date