

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010628

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: WOMEN'S CANCER CARE FUND INC.

**Current Principal Place of Business:**

401 WEST LINTON BLVD., SUITE 300  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

401 WEST LINTON BLVD., SUITE 300  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 26-3786397      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CIRISANO, FRANK  
Address: 401 WEST LINTON BLVD., SUITE 300  
City-St-Zip: DELRAY BEACH, FL 33444

Title: DST ( ) Delete  
Name: RUSHING, DEA  
Address: 3578 LAKEVIEW DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: IAROSSEVITCH, OLGA  
Address: 401 WEST LINTON BLVD., STE. 300  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: GONZALEZ, ERLY  
Address: 401 WEST LINTON BLVD., SUITE 300  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: TONG, SYLVIA  
Address: 401 WEST LINTON BLVD., SUITE 300  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD ( ) Delete  
Name: SHELTON, HANNAH  
Address: 4840 HIGHWAY 22  
City-St-Zip: MANDEVILLE, LA 70471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: CIRISANO, FRANK  
Address: 401 WEST LINTON BLVD., SUITE 300  
City-St-Zip: DELRAY BEACH, FL 33444

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: DEA M RUSHING

DST

06/23/2009

Electronic Signature of Signing Officer or Director

Date