

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41890

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** SANTIAGO CANCER FOUNDATION, INC.

**Current Principal Place of Business:**

104 BAYBERRY RD.  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

104 BAYBERRY RD.  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 65-0282860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEHMAN, VIVIAN  
1718 IVERNESS  
LONGWOOD, FL 32779 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  
Name: VISSER, HERNAN  
Address: 104 BAYBERRY ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD  
Name: BERTOLO, CLELIA  
Address: 12329 SANDY POINT COURT  
City-St-Zip: SILVER SPRINGS, MD 20904

Title: DT  
Name: LEHMAN, VIVIAN  
Address: 107 INVERNESS  
City-St-Zip: LONGWOOD, FL 32779

Title: DV  
Name: WEISS, BARBARA  
Address: 918 WOODCRAFT DR  
City-St-Zip: APOPKA, FL 32712

Title: V  
Name: BERTOLO, MARIO  
Address: 822 CAMARGO WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: HERNAN VISSER

PD

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date