

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000002029 (7)**

1. Corporation Name

**DAY CANCER RESEARCH FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**211 COLORADO AVENUE  
#10  
STUART FL 34994**

**P.O. BOX 2184  
STUART FL 34995-2184**

3. Date Incorporated or Qualified  
**04/07/1993**

3a. Date of Last Report  
**08/22/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1122 St. Lawrence Way**  
Suite, Apt. #, etc.

**26 SAME**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0400315**

Applied For  
Not Applicable

**22**  
City & State

**27**  
City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**23 STUART, FL**

**28**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**24 34997**

**25 USA**

**29**

**30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOPKO, JAMES  
2307 SE MONTEREY RD  
STUART FL 34996**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **VD DAY, KATHRYN M**  
STREET ADDRESS **1122 SE ST LAWRENCE WAY**  
CITY-ST-ZIP **STUART FL 34997**

1 1 TITLE  Change  Addition  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY-ST-ZIP

TITLE  DELETE  
NAME **PD DAY, THOMAS J**  
STREET ADDRESS **826 CRESTMERE COURT**  
CITY-ST-ZIP **JEFFERSON CITY MO 65109**

2 1 TITLE  Change  Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY-ST-ZIP

TITLE  DELETE  
NAME **TD JAMES, SUZANNE D**  
STREET ADDRESS **8463 RICE LAKE ROAD**  
CITY-ST-ZIP **MAPLE GROVE MN 55369-8654**

3 1 TITLE  Change  Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4 1 TITLE  Change  Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5 1 TITLE  Change  Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6 1 TITLE  Change  Addition  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Kathryn M Day*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER BY DIRECTOR

**4/22/96** (407)283-6550  
Date Daytime Phone #

CR2E037 (12/95)