

FILE NOW: FILING FEE IS \$61.25

FILED  
May 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002029 (7)**  
1. Corporation Name  
**DAY CANCER RESEARCH FOUNDATION, INC.**



Principal Place of Business <b>4182 ST. LAWRENCE WAY #10 STUART FL 34997 US</b>	Mailing Address <b>P.O. BOX 2184 STUART FL 34995-2184</b>
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3. Date Incorporated or Qualified <b>04/07/1993</b>	
4. FEI Number <b>65-0400315</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1935 - FL</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>SW Silver Pine Way</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Palm City FL</b>	City & State 28
Zip 24 <b>34990</b>	Country 25 <b>USA</b>

9. Name and Address of Current Registered Agent <b>SOPKO, JAMES 2307 SE MONTEREY RD STUART FL 34998</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>DAY, KATHRYN M</b>
STREET ADDRESS	<b>1122 SE ST LAWRENCE WAY</b>
CITY-ST-ZIP	<b>STUART FL 34997</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>DAY, THOMAS J</b>
STREET ADDRESS	<b>828 CRESTMERE COURT</b>
CITY-ST-ZIP	<b>JEFFERSON CITY MO 65109</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>JAMES, SUZANNE D</b>
STREET ADDRESS	<b>8483 RICE LAKE ROAD</b>
CITY-ST-ZIP	<b>MAPLE GROVE MN 55389-8654</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; that I received 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)