

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003657

FILED
Apr 04, 2007
Secretary of State

Entity Name: AMERICAN FRIENDS OF CANCER RESEARCH, INC.

Current Principal Place of Business:

C/O CHAPEL & YORK LIMITED
601 PENN AVENUE NW, SUITE 900 S BLDG
WASHINGTON, DC 20004

New Principal Place of Business:

Current Mailing Address:

C/O CHAPEL & YORK LIMITED
601 PENN AVENUE NW, SUITE 900 S BLDG
WASHINGTON, DC 20004

New Mailing Address:

FEI Number: 65-0520985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: STD () Delete
Name: HINCHLIFFE, PETER M
Address: 91 ASHCOMBE ROAD, DORKING
City-St-Zip: SURREY, DC RH4 1LU UK

Title: STD () Delete
Name: ROBB, LYNNE
Address: 61 LINCOLN'S INN FIELDS
City-St-Zip: LONDON, DC WC2A 3PX UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: PETER HINCHLIFFE

MR

04/04/2007

Electronic Signature of Signing Officer or Director

Date