

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 # N94000004145 (8)

1. Corporation Name

WOMEN'S CANCER RESOURCE CENTER, INC.

Principal Place of Business

915 OAKFIELD DR., SUITE F
BRANDON FL 33511

Mailing Address

P O BOX 10635
TAMPA FL 33679
US



3. Date Incorporated or Qualified
08/19/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3263742

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

SINGLETON, MARCY R
3314 HENDERSON BLVD.
SUITE 205
TAMPA FL 33602

81 Name

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

208 S. MACDILL AVENUE STE B

83

84 City

TAMPA

FL

85 Zip Code
33605

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 D ☐ DELETE
NAME GRIFFIN, EILEEN H
STREET ADDRESS 915 OAKFIELD DR., SUITE F
CITY-ST-ZIP BRANDON FL 33511

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME KEPES, KATHRYN L
STREET ADDRESS 4503 COUNTRY GATE COURT
CITY-ST-ZIP VALRICO FL 33594

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME SINGLETON, MARCY R
STREET ADDRESS 3314 HENDERSON BLVD., SUITE 205
CITY-ST-ZIP TAMPA FL 33609

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

208 S. MACDILL AVENUE STE B
TAMPA FL 33605

TITLE D ☐ DELETE
NAME TERRY, SUSAN
STREET ADDRESS 1310 CHARTER STREET
CITY-ST-ZIP TAMPA FL 33602

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME HOWARTH, ELIZABETH
STREET ADDRESS 6311 SONGBIRD WAY
CITY-ST-ZIP TAMPA FL 33625

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME ALLEN, DIANA M
STREET ADDRESS 801 E. TWIGGS ST., ROOM 124
CITY-ST-ZIP TAMPA FL 33602

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Marcy R. Singleton MARCY R. SINGLETON

4/24/96

813-877-1114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)