2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004895

1. Entity Name
DATTOLI CANCER FOUNDATION, INC.

Principal Place of Business	Mailing Address
2803 FRUITVILLE RD SARASOTA, FL 34237	2803 FRUITVILLE RD SARASOTA, FL 34237 US

04202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0544103
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KALTENBACH, DONALD F
2803 FRUITVILLE RD
SARASOTA, FL 34237

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000151640
05/04/04-80052-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KALTENBACH, DONALD F
STREET ADDRESS	3134 CHARLES MACDONALD DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VTD
NAME	DATTOLI, MICHAEL
STREET ADDRESS	520 BLUE HERON DR
CITY-ST-ZIP	ANNA MARIA ISLAND, FL 34216
TITLE	SD
NAME	SORACE, RICHARD S
STREET ADDRESS	1205 KINGSWAY DR
CITY-ST-ZIP	NOKOMIS, FL 34242
TITLE	D
NAME	BITTERMAN, STEWART
STREET ADDRESS	510 HARBOR GATE WAY
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/04 941-957-4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #