

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004895

1. Entity Name
DATTOLI CANCER FOUNDATION, INC.



Principal Place of Business

**2803 FRUITVILLE RD
SARASOTA, FL 34237**

Mailing Address

**2803 FRUITVILLE RD
SARASOTA, FL 34237 US**



01112006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0544103

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KALTENBACH, DONALD F
2803 FRUITVILLE RD
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KALTENBACH, DONALD F
STREET ADDRESS	2974 DICK WILSON DR
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	SO
NAME	SORACE, RICHARD S
STREET ADDRESS	1205 KINGSWAY DR
CITY-ST-ZIP	NOKOMIS, FL 34242
TITLE	D
NAME	BITTERMAN, STEWART
STREET ADDRESS	784 N MCEWEN DR
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80054-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/06 941-955-8088