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06-30-1999 90006 028 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000108

1. Corporation Name

**CANCER SURVIVORSHIP ALLIANCE OF SOUTH FLORIDA, I
NC.**

Principal Place of Business

2532 EAGLE RUN CIR
WESTON FL 33327
US

Mailing Address

2532 EAGLE RUN CIR
WESTON FL 33327
US



2. Principal Place of Business

21 920 TANGLEWOOD CIRCLE

2a. Mailing Address

26 920 TANGLEWOOD CIRCLE

3. Date Incorporated or Qualified

01/05/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0630154

Applied For

Not Applicable

City & State

23 WESTON FL

City & State

28 WESTON FL

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

Zip

24 33327

Country

25 US

Zip

29 33327

Country

30 US

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

BRODER, GAIL S
2532 EAGLE RUN CIR
WESTON FL 33327

10. Name and Address of New Registered Agent

81 Name

BARBARA H CHRIST

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

920 TANGLEWOOD CIRCLE

83

84 City

WESTON

FL

85 Zip Code

33327

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

Barbara H Christ

Barbara H Christ

4/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BRODER, GAIL S
STREET ADDRESS 2532 EAGLE RUN CIR
CITY-ST-ZIP WESTON FL
☒ DELETE AS PRESIDENT "P"

TITLE D P
NAME BRADSHAW, BETTYE
STREET ADDRESS MEMORIAL REG CANCER CTR 3501 JOHNSON ST
CITY-ST-ZIP HOLLYWOOD FL 33021
☐ DELETE

TITLE D
NAME CORNILLE, JUDITH
STREET ADDRESS 1150 NW 14TH ST STE 207
CITY-ST-ZIP MIAMI FL 33136
☐ DELETE

TITLE D
NAME GILL, MARCIA
STREET ADDRESS LYNN CANCER CTR BOCA RATON COMM HOSP
CITY-ST-ZIP 800 MEADOWS RD BOCA RATON FL 33486
☐ DELETE

TITLE D
NAME GUST, MYRNA
STREET ADDRESS 4000 NE 169TH ST APT 500
CITY-ST-ZIP MIAMI FL 33160
☐ DELETE

TITLE D
NAME GRAVES, ELLEN T
STREET ADDRESS AMER. CANCER SOC FL DIV 3407 NW 9TH AV 100
CITY-ST-ZIP FT LAUDERDALE FL 33309
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT
1.2 NAME CHRIST, BARBARA H
1.3 STREET ADDRESS 920 TANGLEWOOD CIRCLE
1.4 CITY-ST-ZIP WESTON FL 33327
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

Barbara H Christ

4/29/99

954 349-6594

Resent. 6/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99

Daytime Phone #