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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004701 (6)**

1. Corporation Name

NATIONAL PROSTATE CANCER COALITION, INC.

Principal Place of Business

Mailing Address

1300 19TH ST NW
SUITE 400
WASHINGTON DC 20036
US

1300 19TH ST NW
SUITE 400
WASHINGTON DC 20036
US

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number

59-3400922

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **1156 15th Street, NW**

26 Suite, Apt. #, etc.

22 **Suite 905**

27 Suite, Apt. #, etc.

23 **Washington, DC**

28 City & State

24 **20005** 25 Country

29 Zip 30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KALTENBACH, DONALD F
7026 LITTLE ROAD
NEW PORT RICHEY FL 34854**

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE **DC**
NAME **SAMUELS, ROBERT J**
STREET ADDRESS **8509 WOODWICK CT**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **President**
1.2 NAME **Jay Hedlund**
1.3 STREET ADDRESS **1156 15th Street, NW #905**
1.4 CITY-ST-ZIP **Washington, DC 20005**

TITLE **DVP**
NAME **ALTEROWITZ, RALPH**
STREET ADDRESS **10524 DEMOCRACY LN**
CITY-ST-ZIP **POTOMAC MD**

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

TITLE **DS**
NAME **WRIGHT, MARY LOU**
STREET ADDRESS **817 COMMONS DR**
CITY-ST-ZIP **SACRAMENTO CA**

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

TITLE **D**
NAME **ATKINS, RICHARD N MD**
STREET ADDRESS **1250 FOURTH ST #360**
CITY-ST-ZIP **SANTA MONICA CA**

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

TITLE **D**
NAME **BARKEN, ISRAEL M.D.**
STREET ADDRESS **6699 ALVARADO RD #2301**
CITY-ST-ZIP **SAN DIEGO CA**

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

TITLE **D**
NAME **BECKER, APRIL**
STREET ADDRESS **P O BOX 6023 7450 TRAVOIS TRAIL**
CITY-ST-ZIP **CAREFREE AZ**

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

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.

SIGNATURE: **Jay H. Hedlund** **JAY H. HEDLUND** **5/14/98** **202-463-9455**

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