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**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90008 034 \*\*\*\*66.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N97000004539**

1. Corporation Name

**FLORIDA CANCER SOCIETY, INC.**

Principal Place of Business

5201 SEMINOLE BLVD  
SUITE #6  
ST. PETERSBURG FL 33708  
US

Mailing Address

P.O. BOX 8028  
ST. PETERSBURG FL 33738  
US



2. Principal Place of Business

21 **5201 SEMINOLE BLVD.**

2a. Mailing Address

26 **P.O. Box 8028**

3. Date Incorporated or Qualified

**08/08/1997**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3460485**

Applied For

Not Applicable

City & State

23 **ST. PETERSBURG, FLA**

City & State

28 **ST. PETERSBURG, FL.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

24 **33708**

25 **Pinellas**

Zip

Country

29 **33738**

30 **Pinellas**

6. Election Campaign Financing  
Trust Fund Contribution ☒

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

9. Name and Address of Current Registered Agent

**COLLIER, CLYDE E**  
**10005 BAY PINES BLVD. #217**  
**ST. PETERSBURG FL 33708**

10. Name and Address of New Registered Agent

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

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>COLLIER, CLYDE E</b>	
STREET ADDRESS	<b>10005 BAY PINES BLVD. #217</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEPHENS, TRACY C</b>	
STREET ADDRESS	<b>HCR #4, BOX 122 A</b>	
CITY-ST-ZIP	<b>BRIGHTWOOD VA 22715</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEND, JANICE</b>	
STREET ADDRESS	<b>3100 38TH AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33710</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, BILL</b>	
STREET ADDRESS	<b>350 GRANDA</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCLLENAHAN, EDWARD S</b>	
STREET ADDRESS	<b>3800 62ND AVENUE NORTH</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33786</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANTIAGO, WILLIAM</b>	
STREET ADDRESS	<b>P.O. BOX 242</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33781</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>WHITE, Bill</b>
4.3 STREET ADDRESS	<b>3501 GRANADA</b>
4.4 CITY-ST-ZIP	<b>TAMPA, FL, 33629</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: **CLYDE E. COLLIER DPT** **8-26-99** (712) 3986613  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)