

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90038 022 \*\*\*\*69.00

DOCUMENT # **N97000006809**

1. Corporation Name

**AMERICAN CANCER RESEARCH FUND, INC.**

Principal Place of Business

**8640 SEMINOLE BOULEVARD  
SEMINOLE FL 34642**

Mailing Address

**3484 WOODRIDGE PKWY  
PALM HARBOR FL 34684  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <b>13 Tarpon Drive</b>		12/08/1997	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 <b>Tarpon Springs, FL</b>		59-3490790	
24 Country		29 <b>34689</b>		30 <b>US</b>	
25		31		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26		32		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		33		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**HOFSTRA, PETER T  
8640 SEMINOLE BOULEVARD  
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, BILL</b>	1.2 NAME	
STREET ADDRESS	<b>540 CARILLON PARKWAY #3047</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFSTRA, PETER T</b>	2.2 NAME	
STREET ADDRESS	<b>8640 SEMINOLE BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALROND, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>ROUTE 2 BOX 107</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOT SPRINGS VA 24445</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPARKS, JOHN A</b>	4.2 NAME	<b>D Sparks, John A.</b>
STREET ADDRESS	<b>3484 WOODRIDGE PARKWAY</b>	4.3 STREET ADDRESS	<b>13 Tarpon Dr.</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	4.4 CITY-ST-ZIP	<b>Tarpon Springs, FL 34689</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **John A. Sparks** 3/28/99 813-289-8006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #