

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006809

FILED  
Apr 01, 2004  
Secretary of State

Entity Name: AMERICAN CANCER RESEARCH FUND, INC.

**Current Principal Place of Business:**

6848 STORNAWAY DRIVE  
MEMPHIS, TN 38119 US

**New Principal Place of Business:**

**Current Mailing Address:**

6848 STORNAWAY DRIVE  
MEMPHIS, TN 38119 US

**New Mailing Address:**

FEI Number: 59-3490790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BENNETT, BILL  
Address: 13 TARPON DR.  
City-St-Zip: TARPO SPRINGS, FL 34689

Title: DV ( ) Delete  
Name: HOFSTRA, PETER T  
Address: 8640 SEMINOLE BLVD.  
City-St-Zip: SEMINOLE, FL 33772

Title: DV ( ) Delete  
Name: SPARKS, JOHN A  
Address: 6848 STORNAWAY DRIVE  
City-St-Zip: MEMPHIS, TN 38119

Title: D ( ) Delete  
Name: SPARKS, JOHN A  
Address: 6848 STORNAWAY DRIVE  
City-St-Zip: MEMPHIS, TN 38119

Title: DP ( ) Delete  
Name: WALROND, DAVID  
Address: ROUTE 2, BOX 107  
City-St-Zip: HOT SPRINGS, VA 24445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A SPARKS

D

04/01/2004

Electronic Signature of Signing Officer or Director

Date