

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90137 028 ****61.25

DOCUMENT # N98000002785

1. Corporation Name

NATIONAL CANCER RESEARCH ALLIANCE, INC.

Principal Place of Business

2106 DREW STREET, STE. 103
CLEARWATER FL 33765

Mailing Address

2106 DREW STREET, STE. 103
CLEARWATER FL 33765



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/13/1998

4. FEI Number

58-2394965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

OWENS, DEZRA
2106 DREW STREET, STE. 103
CLEARWATER FL 33765

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 D ☐ DELETE
NAME DRESDEN, SCOTT
STREET ADDRESS 222 MAMARONECK AVE.
CITY-ST-ZIP WHITE PLAINS NY 10605

TITLE D ☐ DELETE
NAME DRESDEN, KAREN
STREET ADDRESS 222 MAMARONECK AVE.
CITY-ST-ZIP WHITE PLAINS NY 10605

TITLE D ☐ DELETE
NAME DRESDEN, BRYAN
STREET ADDRESS 2106 DREW STREET, STE. 103
CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Lattimore, Constance
4.3 STREET ADDRESS 222 MAMARONECK AVE
4.4 CITY-ST-ZIP WHITE PLAINS, NY 10605

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Silverman, Marjorie
5.3 STREET ADDRESS 5 PERRYRIDGE ROAD
5.4 CITY-ST-ZIP GREENWICH, CT 06830

6.1 TITLE T ☐ Change ☒ Addition
6.2 NAME Miller, Melinda R.
6.3 STREET ADDRESS 2106 DREW STREET, SUITE 103
6.4 CITY-ST-ZIP CLEARWATER, FL 33765

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: *Melinda R. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 727/442-0445
Date Daytime Phone #

CR2E037 (11/98)