

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 013 ****61.25

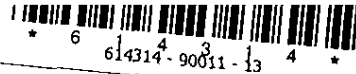
DOCUMENT # N98000006945

Corporation Name

THE FLORIDA CANCER EDUCATION NETWORK, INC.

Principal Place of Business
3509 WOODWICK COURT
TAMPA FL 33615

Mailing Address
8509 WOODWICK COURT
TAMPA FL 33615



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		26		12/04/1998	
City & State		27		4. FEL Number	
Zip		28		59-3545266	
Country		29		5. Certificate of Status Desired	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

SAMUELS, ROBERT J
8509 WOODWICK COURT
TAMPA FL 33615

10. Name and Address of New Registered Agent

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

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	D CHAIRMAN/DIRECTOR	1.1 TITLE	TREASURER, DIRECTOR
EE	SAMUELS, ROBERT J	1.2 NAME	MICHAEL R. JACOBIN
EET ADDRESS	8509 WOODWICK COURT	1.3 STREET ADDRESS	1422 HOUNDS HOLLOW CT
-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	LUTZ, FL 33549
E	D	2.1 TITLE	DIRECTOR
EE	MCINTIRE, LARRY	2.2 NAME	Jerry Karp
EET ADDRESS	94 BALTIMORE CIRCLE	2.3 STREET ADDRESS	P.O. Box 272030
-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP	Tampa FL 33688
E	D	3.1 TITLE	D
EE	KLEIN, MALCOLM	3.2 NAME	DR. Richard Brown
EET ADDRESS	4817 TRADEWINDS DR SO	3.3 STREET ADDRESS	1214 Park Circle
-ST-ZIP	GULFPORT FL 33711	3.4 CITY-ST-ZIP	Tampa FL 33604
E	D	4.1 TITLE	
EE		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
-ST-ZIP		4.4 CITY-ST-ZIP	
E	D	5.1 TITLE	
EE		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
-ST-ZIP		5.4 CITY-ST-ZIP	
E	D	6.1 TITLE	
EE		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-7-99 886-2171

CR2E037 (5/99)