2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000736

FILED Jan 27, 2004 Secretary of State

Entity Name: CANCER FOUNDATION OF THE FLORIDA KEYS, INC.

Current Principal Place of Business: New Principal Place of Business: 5900 COLLEGE RD 29044 BEGONIA DRIVE BIG PINE KEY, FL 330436017 US KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** P.O. BOX 4447 KEY WEST, FL 330414447 US FEI Number: 65-0870292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OROPEZA, SCOTT G 815 PEACÓCK PLAZA KEY WEST, FL 33040 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TURNER, CARMEN Name: Name: 800 EMMA ST Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: VCD (X) Change () Addition BANNON, DAVID MRS Name: Name: CUNNINGHAM, MICHAEL Address: 3136 NORTHSIDE DR Address: 9713 OVERSEAS HIGHWAY City-St-Zip: KEY WEST, FL 33040 City-St-Zip: MARATHON, FL 33050 US Title: SD () Delete Title: () Change () Addition DAY, PATRICIA Name: Name: Address: 29044 BEGONIA DR Address: City-St-Zip: BIG PINE KEY, FL 33043 City-St-Zip: () Delete Title: Title: () Change () Addition FERNANDEZ, DORIA Name: Name: 3716 NORTHSIDE DRIVE Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: CD () Delete Title: () Change () Addition HILLER, MERCY Name: Name: 5 SAPPHIRE DR Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: (X) Change () Addition PARKS, JOHN W O'NEAL, TRACY Name: Name: Address: 1625 SE 17TH ST. CAUSEWAY Address: 211 SIMONTON STREET KEY WEST, FL 33040 US FT. LAUDERDALE, FL 33316 City-St-Zip: 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: PATRICIA DAY SD 01/27/2004