

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003747

FILED
Feb 16, 2009
Secretary of State

Entity Name: FORCE-FACING OUR RISK OF CANCER EMPOWERED, INC.

Current Principal Place of Business:

16057 TAMPLA PALMS BLVD., W
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

16057 TAMPA PALMS BLVD W
PMB 373
TAMPA, FL 33647

New Mailing Address:

FEI Number: 65-0927702 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THIRER, MARTIN PA
1000 NORTHWEST 65TH STREET
SUITE 200
FORT LAUDERDALE, FL 33309 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: PD () Delete
Name: FRIEDMAN, SUE
Address: 1338 NW 100TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: HOROWITZ, AMITY
Address: 1338 NW 100TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: GARBER M.D., JUDY
Address: 199 WARD STREET
City-St-Zip: NEWTON, MA 02459

Title: D () Delete
Name: SINCLAIR, LANI
Address: 105 PARK VALLEY ROAD
City-St-Zip: SILVER SPRINGS, MD 20910

Title: D () Delete
Name: TEIN, MIKE
Address: 544 MADEIRA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC () Delete
Name: BEAUDOIN, CATHY
Address: 73 WATER LEAF COURT
City-St-Zip: O'FALLON, MO 63004

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
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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 exemption stated in Chapter 119, 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: SUE FRIEDMAN

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date