2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N99000004557

Entity Name: VICTORY OVER CANCER, INC.

Current Principal Place of Business:

851 SE MONTEREY COMMONS BLVD
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

851 SE MONTEREY COMMONS BLVD
STUART, FL 34996

New Mailing Address:

FEI Number: 65-0958507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER, WILLIAM C
851 SE MONTEREY COMMONS BLVD
STUART, FL 34996 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:	SULLIVAN, SUSAN R	
Address:	7211 SE GOLFHOUSE DR.	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	D	( ) Delete
Name:	GRAMM, ANNEMARIE	
Address:	695 PROSPECT AVENUE	
City-St-Zip:	WINNETKA, IL 60093	
Title:	D	( ) Delete
Name:	SCANLON, BETTY	
Address:	22 WOODGATE DRIVE	
City-St-Zip:	BURR RIDGE, IL 60521	
Title:	D	( ) Delete
Name:	SEGAL, CAROL	
Address:	34 WOODLEY ROAD	
City-St-Zip:	WINNETKA, IL 60093	
Title:	T	( ) Delete
Name:	FOWLER, WILLIAM C	
Address:	851 SE MONTEREY COMMONS BLVD	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	CROWE, PEGGY	
Address:	21 SOUTH BEACH ROAD	
City-St-Zip:	HOBE SOUND, FL 33455	

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:	
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: WILLIAM C. FOWLER TREA 04/18/2005

Electronic Signature of Signing Officer or Director — Date