

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004557

FILED
Apr 24, 2006
Secretary of State

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
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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 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: WILLIAM C. FOWLER

T

04/24/2006

Electronic Signature of Signing Officer or Director

Date