


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mothrafi</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P14678 (7)**

1. Corporation Name

**THE INTERNATIONAL ASSOCIATION OF CANCER VICTORS AND FRIENDS, INC. CENTRAL FLORIDA CHAPTER**

Principal Place of Business	Mailing Address
5774 CHIPOLA CIRCLE ORLANDO FL 32839-4716	5774 CHIPOLA CIRCLE ORLANDO FL 32839-4716

2. Principal Place of Business	2a. Mailing Address
21. <b>Harry I. Koontz</b>	26. Suite, Apt. #, etc.
22. <b>5617 Clearview Drive</b>	27. City & State
23. <b>Orlando, Florida</b>	28. Zip
24. <b>32819</b>	29. Country
25. <b>Orange</b>	30. Country

9. Name and Address of Current Registered Agent

**WARMAN, HARRY J**  
**5774 CHIPOLA CIRCLE**  
**ORLANDO FL 32839**

10. Name and Address of New Registered Agent

81. Name **Harry I. Koontz**

82. Street Address (P.O. Box Number is Not Acceptable) **5617 Clearview Drive**

83. City **Orlando**

84. State **FL**

85. Zip Code **32819**

11. 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 *Harry I. Koontz* DATE **4-24-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	KOONTZ, HARRY
5617 CLEARVIEW	ORLANDO FL
CITY-ST-ZIP	
VPD	ASHFORD, JACK
2919 TRENTWOOD BLVD	ORLANDO FL
CITY-ST-ZIP	
SD	DRUGAN, A. HELEN
3031 MIDDLESEX ROAD	ORLANDO FL 32803-1128
CITY-ST-ZIP	
TD	WARMAN, HARRY J
5774 CHIPOLA CIRCLE	ORLANDO FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
	HARRY I. KOONTZ, PRES.
1.3 STREET ADDRESS	5617 Clearview Drive
1.4 CITY-ST-ZIP	Orlando, FL. 32819
2.1 TITLE	2.2 NAME
	JOHANNA MADAMBA, V. PRES.
2.3 STREET ADDRESS	5813 Luzon Place
2.4 CITY-ST-ZIP	Orlando, FL. 32839
3.1 TITLE	3.2 NAME
	BOB MACLAGAN - TREAS.
3.3 STREET ADDRESS	P.O. Box 220009
3.4 CITY-ST-ZIP	2665 N. Grand Ave.
4.1 TITLE	4.2 NAME
	GRACE A. SNEAD - SECY.
4.3 STREET ADDRESS	2804 Oak Lane
4.4 CITY-ST-ZIP	Fern Park, FL. 32730
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *Harry I. Koontz* DATE: **4-24-98**

CR2E037 (10/97)