

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mothrafi
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: 5774 CHIPOLA CIRCLE ORLANDO FL 32839-4716
Mailing Address: 5774 CHIPOLA CIRCLE ORLANDO FL 32839-4716



2. Principal Place of Business
21 Harry I. Koontz
Suite, Apt. #, etc.
22 5617 Clearview Drive
City & State
23 Orlando, Florida
Zip Country
24 32819 25 Orange 29

3. Date Incorporated or Qualified: 06/02/1987
4. FEI Number: 95-4068631
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
84 City: Orlando 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: 4-21-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOONTZ, HARRY	
STREET ADDRESS	5617 CLEARVIEW	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ASHFORD, JACK	
STREET ADDRESS	2919 TRENTWOOD BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DRUGAN, A. HELEN	
STREET ADDRESS	3031 MIDDLESEX ROAD	
CITY-ST-ZIP	ORLANDO FL 32803-1128	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WARMAN, HARRY J	
STREET ADDRESS	5774 CHIPOLA CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARRY I. KOONTZ, PRES. T
1.3 STREET ADDRESS	5617 Clearview Drive
1.4 CITY-ST-ZIP	Orlando, Fl. 32819
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHANNA MADAMBA, V. PRES. T
2.3 STREET ADDRESS	5813 Luzon Place
2.4 CITY-ST-ZIP	Orlando, Fl. 32839
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BOB MACLAGAN - TREAS. T
3.3 STREET ADDRESS	P.O. Box 220009
3.4 CITY-ST-ZIP	2665 N. Grand Ave. Glenwood, Fl. 32722-0009 Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GRACE A. SNEAD - SECY. T
4.3 STREET ADDRESS	2804 Oak Lane
4.4 CITY-ST-ZIP	Fern Park, Fl. 32730
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 4-21-98

CR2E037 (10/97)