

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90075 027 ****61.25

DOCUMENT # P14678

1. Corporation Name

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

Principal Place of Business

**KOONTZ, HARRY I
5617 CLEARVIEW DR
ORLANDO FL 32819
US**

Mailing Address

**5774 CHIPOLA CIRCLE
ORLANDO FL 32839-4716**

501515-90075-27 5



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25** **29** **30** **USA**

2a. Mailing Address

26 **Grace Snead**
Suite, Apt. #, etc.

27 **2804 Oak Lane**
City & State

28 **Fern Park, FL**
Zip Country

29 **32730**

30 **USA**

3. Date Incorporated or Qualified

06/02/1987

4. FEI Number
95-4068631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**KOONTZ, HARRY I
5617 CLEARVIEW DR
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE
NAME **KOONTZ, HARRY**
STREET ADDRESS
CITY-ST-ZIP **ORLANDO FL**

TITLE **VPT** ☐ DELETE
NAME **MADAMBA, JOHANNA V**
STREET ADDRESS **5813 LUZON PL**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **T** ☐ DELETE
NAME **MACLAGAN, BOB**
STREET ADDRESS **P.O. BOX 220009**
CITY-ST-ZIP **GLENWOOD FL 32722**

TITLE **ST** ☐ DELETE
NAME **SNEAD, GRACE A**
STREET ADDRESS **2804 OAK LANE**
CITY-ST-ZIP **FERN PARK FL 32730**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☐ Addition
1.2 NAME **Koontz, Harry**
1.3 STREET ADDRESS **5617 Clearview Drive**
1.4 CITY-ST-ZIP **Orlando, FL 32819** ☐ Change ☐ Addition

2.1 TITLE **Vice-President** ☐ Change ☐ Addition
2.2 NAME **Madamba, Johanna V.**
2.3 STREET ADDRESS **5813 Luzon Place, Orlando, FL 32839**
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE **Treasurer** ☒ Change ☐ Addition
3.2 NAME **Bill Snead**
3.3 STREET ADDRESS **2804 Oak Lane**
3.4 CITY-ST-ZIP **Fern Park, FL 32730** ☐ Change ☐ Addition

4.1 TITLE **Secretary** ☐ Change ☐ Addition
4.2 NAME **Grace Snead**
4.3 STREET ADDRESS **2804 Oak Lane**
4.4 CITY-ST-ZIP **Fern Park, FL 32730** ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry I. Koontz
Date *5/6/99* Daytime Phone *407/251-1111*

CR2E037 (1/98)