

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P14678

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



Principal Place of Business
**5617 CLEARVIEW DR
ORLANDO, FL 32819 US**

Mailing Address
**5617 CLEARVIEW DR
ORLANDO, FL 32819 US**



04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4068631

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Harry I Koontz **Harry I Koontz** **4-17-08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000913187
05/08/08-80006-006 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
KOONTZ, HARRY I
5617 CLEARVIEW DR
ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MARTIN, JOE
2216 VINCENT ROAD
ORLANDO, FL 32817**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TDS
BURKE, CHARLES E
1309 N. NOWELL ST
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harry I Koontz **Harry I Koontz** **4-17-08**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Daytime Phone

1-877-351-1960