FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P39544** **(2)**

1. Corporation Name

THE CANCER RESEARCH FOUNDATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
200 DAINGERFIELD ROAD ALEXANDRIA VA 22314 US	200 DAINGERFIELD ROAD ALEXANDRIA VA 22314 US

3. Date Incorporated or Qualified: **07/08/1992**

3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **52-1429544** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WELLMAN, JOYCE O.
3125 MORRISON
TAMPA FL 33629

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, CATHERINE		1.2 NAME		
STREET ADDRESS	1455 PENNSYLVANIA AVENUE, NW #925		1.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KLESHISHIAN, HAROLD M		2.2 NAME		
STREET ADDRESS	4502 STANFORD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHEVY CHASE MD		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ALDIGE, CAROLYN		3.2 NAME		
STREET ADDRESS	515 DUKE ST		3.3 STREET ADDRESS	200 DAINGERFIELD ROAD, SUITE 200	
CITY-ST-ZIP	ALEXANDRIA VA 22314		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALABASTER, OLIVER		4.2 NAME		
STREET ADDRESS	2300 I ST., NW		4.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	CANTRELL, P. THOMAS		5.2 NAME	Landry, Brock	
STREET ADDRESS	1104 LASKIN RD.		5.3 STREET ADDRESS	601 13th Street NW, 12th Floor	
CITY-ST-ZIP	VIRGINIA BEACH VA		5.4 CITY-ST-ZIP	Washington, DC 20005	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, MR. PAUL		6.2 NAME		
STREET ADDRESS	3007 TILDEN ST NW		6.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20008		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Carolyn R. Aldige 03/15/96 703-836-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)