

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007679

**Entity Name:** COMMITTED TO A CURE, INC.

**Current Principal Place of Business:**

716 CHARMWOOD DRIVE  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

1093 A1A BEACH BLVD.  
PMB 385  
ST AUGUSTINE, FL 32080

**FEI Number:** 54-2130408

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADELFIG, LORI A  
716 CHARMWOOD DRIVE  
ST AUGUSTINE, FL 32086 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name ADELFIG, LORI A  
Address 1093 A1A BEACH BLVD. PMB 385  
City-State-Zip: ST AUGUSTINE FL 32080

Title T  
Name DAVID, MAY  
Address 1093 A1A BEACH BLVD. PMB 385  
City-State-Zip: ST AUGUSTINE FL 32080

Title T  
Name DAVID, JOHN  
Address 1093 A1A BEACH BLVD. PMB 385  
City-State-Zip: ST AUGUSTINE FL 32080

Title T  
Name RESNICK, CHRISTINE  
Address 1093 A1A BEACH BLVD. #385  
City-State-Zip: ST AUGUSTINE FL 32080

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORI ADELFIG

**PRESIDENT**

**06/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date