

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000001343

**Entity Name:** COURAGE THROUGH CANCER, INC.**Current Principal Place of Business:**9842 LAUREL LEDGE DR  
RIVERVIEW, FL 33569**Current Mailing Address:**P.O. BOX 1513  
RIVERVIEW, FL 33568 US**FEI Number: 82-4344341****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, RUTH  
9842 LAUREL LEDGE DR  
RIVERVIEW, FL 33569 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	PD
Name	WALKER, RUTH
Address	9842 LAUREL LEDGE DR
City-State-Zip:	RIVERVIEW FL 33569

Title	VD
Name	KLAASSEN, REGINA
Address	507 KENDALL LAKE DR APT 203
City-State-Zip:	BRANDON FL 33510

Title	S
Name	SLOLEY, KAITLYN
Address	P.O. BOX 1513
City-State-Zip:	RIVERVIEW FL 33568

Title	T
Name	CAMPBELL, TONYA
Address	P.O. BOX 1513
City-State-Zip:	RIVERVIEW FL 33568

Title	D
Name	CAMPBELL, TONYA
Address	9826 LYCHEE LOOP APT 103
City-State-Zip:	RIVERVIEW FL 33569

*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: RUTH WALKER****PRESIDENT****04/18/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date