#### 2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003226

Entity Name: AMERICAN CANCER SOCIETY CANCER ACTION NETWORK

INC.

Apr 15, 2024 Secretary of State 3598994232CC

**FILED** 

## **Current Principal Place of Business:**

655 15TH STREET, NW

SUITE 503

WASHINGTON, DC 20005

### **Current Mailing Address:**

655 15TH STREET, NW SUITE 503

WASHINGTON, DC 20005 US

FEI Number: 52-2340031 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Title

Title

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

DIRECTOR

SECRETARY

SIGNATURE: TIMOTHY B. PHILIPS

**GENERAL COUNSEL & ASSISTANT** IMMEDIATE PAST CHAIR Title Title

> SECRETARY Name CASSESE, SANDI MSN,RN,CNS

Name PHILIPS, TIMOTHY B.

Address 655 15TH STREET, NW Address 655 15TH STREET, NW SUITE 503

SUITE 503

City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005

CHAIRMAN OF THE BOARD Title

Name MANN, MAUREEN MS, MBA, FACHE Name WINKFIELD, KAREN MD, PHD

Address 655 15TH STREET, NW Address 655 15TH STREET, NW

SUITE 503 SUITE 503

WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005

**TREASURER** Title Title **DIRECTOR** 

Name JACKVONY, BERNARD A. Name COLEMAN, P. KAY

Address 655 15TH STREET, NW Address

655 15TH STREET, NW SUITE 503 SUITE 503

City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR

Name MEULLER, SCARLOTT K. RN, MPH MANNA, JOHN J. JR. ESQ. Name

Address 655 15TH STREET, NW Address

655 15TH STREET, NW SUITE 503 SUITE 503

WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005 City-State-Zip:

# Continues on page 2

**GENERAL COUNSEL &** 

ASSISTANT SECRETARY

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.

Electronic Signature of Signing Officer/Director Detail

04/15/2024

Date

Officer/Director Detail Continued: **DIRECTOR** PRESIDENT- ACS CAN Title Title Name WALDHOLTZ, BRUCE D. MD Name LACASSE, LISA 655 15TH STREET, NW Address 655 15TH STREET, NW Address SUITE 503 SUITE 503 WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005 City-State-Zip: Title VICE CHAIR Title **DIRECTOR** JEFFRIES LEONARD, KIMBERLY L. PHD Name O?BRIEN, PHILIP R. Name Address 655 15TH STREET, NW Address 655 15TH STREET, NW SUITE 503 SUITE 503 WASHINGTON DC 20005 WASHINGTON DC 20005 City-State-Zip: City-State-Zip: Title DIRECTOR Title **DIRECTOR** PLESCIA, MARCUS MD, MPH Name UNDERRINER, WILLIAM P. Name 655 15TH STREET, NW 655 15TH STREET, NW Address Address SUITE 503 SUITE 503 City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005 **DIRECTOR** Title PRESIDENT - ACS Title RAMOS, JOSE R. JR. Name KNUDSEN, KAREN E. Name Address 655 15TH STREET, NW Address 655 15TH STREET, NW SUITE 503 SUITE 503 City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005 CHIEF FINANCIAL & STRATEGY OFFICER AND Title Title **DIRECTOR** ASSISTANT TREASURER Name FORD, DAVID REICIN, KAEL Name 655 15TH STREET, NW Address Address 655 15TH STREET, NW SUITE 503 SUITE 503 City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005 **DIRECTOR** Title Title DIRECTOR Name JENSEN, MD, ROY GARCIA, DAVID PHD, FACSM Name 655 15TH STREET, NW Address 655 15TH STREET, NW Address SUITE 503 SUITE 503

City-State-Zip: WASHINGTON DC 20005

**DIRECTOR** Title

PENFIELD, SUSAN Name

Address 655 15TH STREET, NW

SUITE 503

City-State-Zip: WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20005

Title **DIRECTOR** 

Name RASHID, OMAR MD, JD, FACS

655 15TH STREET, NW Address

SUITE 503

City-State-Zip: WASHINGTON DC 20005