

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003566

FILED  
Apr 28, 2012  
Secretary of State

**Entity Name:** GIFT OF HOPE BREAST CANCER FOUNDATION

**Current Principal Place of Business:**

8096 VALHALLA DRIVE  
DELRAY BEACH, FL 33446 US

**New Principal Place of Business:**

**Current Mailing Address:**

9858 CLINT MOORE RD.  
C111 #249  
BOCA RATON, FL 33496 US

**New Mailing Address:**

**FEI Number:** 20-2632171      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DEREK A. SCHWARTZ, P.A.  
1900 N.W. CORPORATE BOULEVARD  
SUITE 225 WEST  
BOCA RATON, FL 33431 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FRIEDMAN, HOPE  
Address: 8096 VALHALLA DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: D  
Name: ROMASH, RANDY  
Address: 57 ANTON DRIVE  
City-St-Zip: CARMEL, NY 10512 US

Title: D  
Name: DUBENSKY, GAYLE  
Address: 43 RIDGE ROAD  
City-St-Zip: ARDSKY, NY 10502 US

Title: C  
Name: OSIECKI, MARY ELLEN  
Address: 15992 DOUBLE EAGLE TRAIL  
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: C  
Name: ZIMMERMAN, KATHY  
Address: 12349 MELROSE WAY  
City-St-Zip: BOCA RATON, FL 33428 US

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: HOPE FRIEDMAN

MRS.

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date