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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # N19742 (8)**  
1. Corporation Name  
**FRIENDS AFTER MASTECTOMY INC., (F.A.M.E.)**

Principal Place of Business Mailing Address  
590 MINOR AVE NORTH PALM BAY FL 32907  
590 MINOR AVE NORTH PALM BAY FL 32907  
US

2. Principal Place of Business 2a. Mailing Address  
21 1454 Gallo Ct. 26 P.O. Box 362201  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State Melbourne FL 28 City & State Melbourne FL  
24 Zip 32935 25 Country USA 29 Zip 32936-2201 30 Country USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/11/1987 3a. Date of Last Report 02/28/1994  
4. FEI Number 59-2628064 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BAUSTERT, RUTH  
590 MINOR AVE N.E.  
PALM BAY FL 32907

10. Name and Address of New Registered Agent  
81 Name KAREN Teng  
82 Street Address (P.O. Box Number is Not Acceptable) 1454 Gallo Ct.  
83  
84 City Melbourne FL 85 Zip Code 32935

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: KAREN Teng President Karen Teng 1/18/95  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAUSTERT, RUTH D
STREET ADDRESS	590 MINOR AVE N.E.
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	VD
NAME	CARONE, LUCY
STREET ADDRESS	599 SEABREEZE DR.
CITY-ST-ZIP	INDIALANTIC FL
TITLE	SD
NAME	BUIKEMA, KATHELEN
STREET ADDRESS	137 11TH AVE
CITY-ST-ZIP	INDIALANTIC FL
TITLE	VD
NAME	GLASER, EILEEN
STREET ADDRESS	582 SANDERLING DRIVE
CITY-ST-ZIP	INDIALANTIC FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAREN Teng	
1.3 STREET ADDRESS	1454 Gallo Ct.	
1.4 CITY-ST-ZIP	Melbourne FL 32935	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lucy Carbone	
2.3 STREET ADDRESS	599 Seabreeze Dr.	
2.4 CITY-ST-ZIP	Indialantic FL 32903	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elsie Zugala	
4.3 STREET ADDRESS	599 Seabreeze Dr.	
4.4 CITY-ST-ZIP	Indialantic FL 32903	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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: KAREN TENG Karen Teng 1/18/95 407-255-2433  
(Signature, typed or printed name of signing officer or director) DATE (Telephone #)