

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: 1454 GALLO CT MELBOURNE FL 32935 US  
Mailing Address: 590 MINOR AVE. PALM BAY, FL 32907  
PO BOX 182201 MELBOURNE FL 32936-2201 US

3. Date Incorporated or Qualified: 03/11/1987  
3a. Date of Last Report: 03/02/1995  
4. FEI Number: 59-2628064  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 590 MINOR AVE NE PALM BAY, FL 32907  
21. Suite, Apt. #, etc.:  
22. City & State:  
23. Zip: 32907  
24. Country: USA  
25. Zip: 32907  
26. Suite, Apt. #, etc.:  
27. City & State:  
28. Zip: 32907  
29. Country: USA  
30. Zip: 32907

9. Name and Address of Current Registered Agent  
**TENG, KAREN**  
1454 GALLO CT.  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent  
81 Name: **RUTH BAUSTERT**  
82 Street Address (P.O. Box Number is Not Acceptable): **590 MINOR AVE., N.E.**  
83 **PALM BAY,**  
84 City: **FL** 85 Zip Code: **32907**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Ruth A. Baustert* DATE: 19 March 1996  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TENG, KAREN	
STREET ADDRESS	1454 GALLO CT	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARBONE, LUCY	
STREET ADDRESS	599 SEABREEZE DR.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BUKEMA, KATHLEEN	
STREET ADDRESS	137 11TH AVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZUGOLO, ELSIE	
STREET ADDRESS	599 SEABREEZE DR	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	RUTH BAUSTERT	
1.3 STREET ADDRESS	590 MINOR AVE, NE	
1.4 CITY-ST-ZIP	PALM BAY, FL 32907	
2.1 TITLE	VD SHIRLEY KUNDE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	554 PORT MALABAR BLVD.	
2.4 CITY-ST-ZIP	Palm Bay, FL 32905	
3.1 TITLE	SD DEE BAKER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	6610 GOLFVIEW AVE	
3.4 CITY-ST-ZIP	COCOA, FL 32927	
4.1 TITLE	TD ELSIE ZUZOLO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
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 119.07(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: *Ruth A. Baustert* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/07/96 407/676/13.75  
CF-3-22-96 FEB 20 1996

CR2E037 (12/95)