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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1997

DOCUMENT # N19742 (8)

1. Corporation Name

FRIENDS AFTER MASTECTOMY INC., (F.A.M.E.)

Principal Place of Business

Mailing Address

590 MINOR AVE NE 854 Port Malabar Blvd.  
PALM BAY FL 32907 Palm Bay, FL 32905 PALM BAY FL 32907-2621



3. Date Incorporated or Qualified  
03/11/1987

3a. Date of Last Report  
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 854 Port Malabar Blvd  
Palm Bay, FL 32905

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25 USA

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUSTERT, RUTH  
590 MINOR AVE NE  
PALM BAY FL 32907

Shirley Kunde  
854 Port Malabar Blvd.  
Palm Bay, FL 32905

81 Name Shirley Kunde

82 Street Address (P.O. Box Number is Not Acceptable)  
854 Port Malabar Blvd.

83

84 City Palm Bay

FL 85 Zip Code  
32905

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 SHIRLEY G. KUNDE Shirley G. Kunde

3/22/97

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD BAUSTERT, RUTH ☒ DELETE  
NAME  
STREET ADDRESS 590 MINOR AVE NE  
CITY - ST - ZIP PALM BAY FL 32907

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Shirley Kunde  
1.3 STREET ADDRESS 854 Port Malabar Blvd  
1.4 CITY - ST - ZIP Palm Bay, FL 32905

TITLE VD KUNDE, SHIRLEY ☒ DELETE  
NAME  
STREET ADDRESS 854 PORT MALABAR BLVD  
CITY - ST - ZIP PALM BAY FL 32905

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Doreen Wilson  
2.3 STREET ADDRESS 365 Yuma Dr.  
2.4 CITY - ST - ZIP Indian Hbr. Bch, FL 32937

TITLE SD BAKER, DEE ELEN ☒ DELETE  
NAME  
STREET ADDRESS 6610 GOLFVIEW AVE  
CITY - ST - ZIP COCOA FL 32927

3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME Linda Generous  
3.3 STREET ADDRESS 165 Duval St  
3.4 CITY - ST - ZIP Melbourne Bch, FL 32951

TITLE TD ZUZOLO, ELSIE ☐ DELETE  
NAME  
STREET ADDRESS 599 SEABREEZE DR  
CITY - ST - ZIP INDIALANTIC FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Shirley Kunde (SHIRLEY KUNDE) 3/25/97 407-723-7029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018907

CR2E037 (9/96)