

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19742 (8)**

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

Principal Place of Business <b>854 PORT MALABAR BLVD PALM BAY FL 32905 US</b>	Mailing Address <b>590 MINOR AVE NE PALM BAY FL 32907</b>
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2. Principal Place of Business <b>21 854 Port Malabar Blvd</b>	2a. Mailing Address <b>26 Same</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Palm Bay, FL 32905</b>	City & State <b>28</b>
Zip <b>24 32905</b>	Country <b>25 USA</b>
Country <b>26</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>03/11/1987</b>	
4. FEI Number <b>59-2628064</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KUNDE, SHIRLEY 854 PORT MALABAR BLVD PALM BAY FL 32905</b>	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	<b>FL</b>

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD KUNDE, SHIRLEY 854 PORT MALABAR BLVD PALM BAY FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD WILSON, DOREEN 365 YUMA DR INDIAN HBR BCH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD GENEROUS, LINDA 185 DUVAL ST. MELBOURNE BCH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD ZUZOLO, ELSIE 599 SEABREEZE DR INDIALANTIC FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETED</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETED</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>SD Barbara Glazer 648 Mark Drive West Melbourne, FL 32904</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *[Signature]* 402-723-7029

CR2E037 (10/97)