


FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90005 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19742

1. Corporation Name

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

6 10114-90004-16 4

Principal Place of Business 854 PORT MALABAR BLVD PALM BAY FL 32905 US	Mailing Address 590 MINOR AVE NE PALM BAY FL 32907
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address 28. Suite, Apt. #, etc. 27. City & State 29. Zip	3. Date Incorporated or Qualified - 03/11/1987	4. FEI Number 59-2628064	Applied For Not Applicable
23. City & State	28. Melbourne Beach	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24. Zip	29. 32951	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

KUNDE, SHIRLEY
854 PORT MALABAR BLVD
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81. Name Jane Mackey
82. Street Address (P.O. Box Number is Not Acceptable) 542 PICASSO AVE NE
83. City Palm Bay 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 *Jane Mackey* (NOTE: Registered Agent signature required when reinstating) DATE 8/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME KUNDE, SHIRLEY	1.1 TITLE PD	Jane Mackey
STREET ADDRESS 854 PORT MALABAR BLVD	CITY-ST-ZIP PALM BAY FL	1.2 NAME	542 PICASSO AVE NE
TITLE VD	NAME WILSON, DOREEN	1.3 STREET ADDRESS	Palm Bay, FL 32907
STREET ADDRESS 385 YUMA DR	CITY-ST-ZIP INDIAN HBR BCH FL	1.4 CITY-ST-ZIP	
TITLE SD	NAME BARBARA GLAZER	2.1 TITLE VP - Membership	Barbara Glazer
STREET ADDRESS 648 MARK DR	CITY-ST-ZIP W MELBOURNE FL 32904	2.2 NAME	648 MARK DR
TITLE TD	NAME ZUZOLO, ELSIE	2.3 STREET ADDRESS	W. Melbourne, FL 32904
STREET ADDRESS 599 SEABREEZE DR	CITY-ST-ZIP INDIAN ANTIC FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE SD	Maureen Crook
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	2760 OKLAHOMA ST.
TITLE	NAME	3.3 STREET ADDRESS	W. Melbourne, FL 32904
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE Treasurer	Jacqueline A. Higgins
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	101 2a Costa St. B5
TITLE	NAME	4.3 STREET ADDRESS	Melbourne Beach Fl. 32951
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE VP	Lisa Campbell
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	122 E. Court
TITLE	NAME	5.3 STREET ADDRESS	Melbourne Fl. 32904
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE *Jacqueline A. Higgins* DATE 7/27/99 DAYTIME PHONE 407-726 9077

CR2E037 (5/99)