

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19742

1. Entity Name

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

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90040 012 ****61.25

Principal Place of Business

854 PORT MALABAR BLVD
 PALM BAY FL 32905
 US

Mailing Address

BOX 510461
 MELBOURNE BEACH FL 32951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2628064

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACKAY, JANE
 542 PICASSO AVE
 PALM BAY FL 32907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Jane Mackey President

SIGNATURE

Jane Mackey

8-23-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME MACKAY, JANE
 STREET ADDRESS 542 PICASSO AVE NE
 CITY-ST-ZIP PALM BAY FL 32907

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPM Delete
 NAME GLAZAR, BARBARA
 STREET ADDRESS 648 MARK DR
 CITY-ST-ZIP MELBOURNE FL 32904

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME CROOK, MAUREEN
 STREET ADDRESS 2760 OKLAHOMA ST
 CITY-ST-ZIP W MELBOURNE FL 32904

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME HIGGINS, JACQUELINE A
 STREET ADDRESS 101 LA COSTA ST 85
 CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP Delete
 NAME CAMPBELL, LISA
 STREET ADDRESS 122 E COURT
 CITY-ST-ZIP MELBOURNE FL 32904

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacqueline A. Higgins* 8-24-00 726 9077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)