

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:24

DOCUMENT # **N43029** (0)

1. Corporation Name

**THE SOUTH FLORIDA CHAPTER OF THE KOMEN FOUNDATIO
N, INC.**

Principal Place of Business

Mailing Address

105 S. NARCISSUS AVE.
SUITE 608
WEST PALM BEACH FL 33401

105 S. NARCISSUS AVE.
SUITE 608
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/18/1991** 3a. Date of Last Report **02/28/1994**

4. FEI Number **75-1835298** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPPAS, MARY ALICE
105 S NARCISSUS AVE
SUITE 608
WEST PALM BEACH FL 33401

81 Name **Jennifer K. Smith**
82 Street Address (P.O. Box Number is Not Acceptable) **105 S. Narcissus Suite 608**
83
84 City **West Palm Beach** FL 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Jennifer K. Smith*

DATE **1/25/95**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **BYRON, WILLIAM**
STREET ADDRESS **105 S. NARCISSUS AVE, SUITE 608**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE **D** Change Addition
1.2 NAME **DeVera, Richard**
1.3 STREET ADDRESS **105 S. Narcissus, Suite 608**
1.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D**
NAME **PAPPAS, MARY ALICE**
STREET ADDRESS **105 S. NARCISSUS AVE., SUITE 608**
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE **P** Change Addition
2.2 NAME **Lisa Summerlot**
2.3 STREET ADDRESS **105 S. Narcissus, Suite 608**
2.4 CITY-ST-ZIP **West Palm Beach FL 33401**

TITLE **DT**
NAME **SWYERS, ANDREA**
STREET ADDRESS **105 S. NARCISSUS AVE., SUITE 608**
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **P**
NAME **HANSEN, LINDA**
STREET ADDRESS **105 S. NARCISSUS AVE., SUITE 608**
CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE **ADM** Change Addition
4.2 NAME **Smith, Jennifer**
4.3 STREET ADDRESS **105 S. Narcissus, Suite 608**
4.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D**
NAME **BERMAN, EILEEN S**
STREET ADDRESS **105 S. NARCISSUS AVE., SUITE 608**
CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jennifer K. Smith* **Jennifer K. Smith**

DATE **1/25/94**

OFFICER/TITLE # **(407) 605-4800**