

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date incorporated or Qualified **04/18/1991** 3a. Date of Last Report **02/06/1995**

2. Principal Place of Business
21 **319 Clematis St.**
Suite, Apt. #, etc.
22 **210**
City & State
23 **West Palm Beach, FL.**
Zip Country
24 **33401** 25 **USA**
2a. Mailing Address
26 **P.O. Box 880**
Suite, Apt. #, etc.
27
City & State
28 **West Palm Beach, FL.**
Zip Country
29 **33402** 30 **USA**

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

9. Name and Address of Current Registered Agent
SMITH, JENNIFER
105 S NARCISSUS, SUITE 608
SUITE 608
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name **Smith, Jennifer**
82 Street Address (P.O. Box Number is Not Acceptable) **319 Clematis Street**
83 **Suite 210**
84 City **West Palm Beach** 85 Zip Code **FL 33401**

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 *Jennifer Smith*

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRON, WILLIAM	1.2 NAME Lisa Summerlot
STREET ADDRESS	105 S. NARCISSUS AVE, SUITE 608	1.3 STREET ADDRESS 319 Clematis St. Suite 210
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP West Palm Beach, FL 33401
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPPAS, MARY ALICE	2.2 NAME Jennifer Smith
STREET ADDRESS	105 S. NARCISSUS AVE., SUITE 608	2.3 STREET ADDRESS 319 Clematis St. Suite 210
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP West Palm Beach, FL 33401
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWYERS, ANDREA	3.2 NAME Andrea Swyers
STREET ADDRESS	105 S. NARCISSUS AVE., SUITE 608	3.3 STREET ADDRESS 319 Clematis St. Suite 210
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP West Palm Beach, FL 33401
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, LINDA	4.2 NAME Maria Cottfried
STREET ADDRESS	105 S. NARCISSUS AVE., SUITE 608	4.3 STREET ADDRESS 319 Clematis St. Suite 210
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP West Palm Beach, FL 33401
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, EILEEN S	5.2 NAME Eileen Berman
STREET ADDRESS	105 S. NARCISSUS AVE., SUITE 608	5.3 STREET ADDRESS 319 Clematis St. Suite 210
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP West Palm Beach, FL 33401
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVERSA, RICHARD	6.2 NAME
STREET ADDRESS	105 S NARCISSUS, SUITE 608	6.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL	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 119.07(3)(k), 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: *Jennifer Smith* 2/1/96 407 655-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)