

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 23, 2004
Secretary of State**

DOCUMENT# N43029

Entity Name: THE SOUTH FLORIDA CHAPTER OF THE KOMEN FOUNDATION, INC.

Current Principal Place of Business:

5305 GREENWOOD AVENUE
SUITE 103
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5305 GREENWOOD AVENUE
SUITE 103
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 75-1835298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAWLEY, WESLEY G
Address: 3399 PGA BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD () Delete
Name: JAFFE, DEBORAH
Address: 350 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: SIMON, BARRY DR
Address: 2161 PALM BEACH LAKES BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD () Delete
Name: ANDERS, CHERYL
Address: 10101 FOREST HILL BOULEVARD
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: BOOHER, MARY
Address: 868 COUNTRY CLUB DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: CHESTER, DON
Address: 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH JAFFE

TD

04/23/2004

Electronic Signature of Signing Officer or Director

Date