

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43029

FILED  
Apr 30, 2007  
Secretary of State

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

**Current Principal Place of Business:**

4700 N. CONGRESS AVENUE  
SUITE 102  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

4700 N. CONGRESS AVENUE  
SUITE 102  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 65-0254225      **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: PRES ( ) Delete  
Name: DONAHUE, MICHELE  
Address: 944 PENN TRAIL  
City-St-Zip: JUPITER, FL 33458

Title: VP ( ) Delete  
Name: STELLY, PHIL  
Address: 1779 LEN DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 11408

Title: TRSR ( ) Delete  
Name: GEDDED, LAUREN  
Address: 133 AVILA WAY  
City-St-Zip: JUPITER, FL 33458

Title: SECT ( ) Delete  
Name: KAIRALLA, LYNNE  
Address: 1540 LANGFORD DRIVE  
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: ED ( ) Delete  
Name: HOLMES, ANITA  
Address: 8771 PLACID TERRACE  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TRSR (X) Change ( ) Addition  
Name: ANDERSON, KELLY  
Address: 5810 SADDLE TRAIL LANE  
City-St-Zip: LAKE WORTH, FL 33467

Title: SECT (X) Change ( ) Addition  
Name: EASLEY, KATHY  
Address: 112 PRINCEWOOD LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANITA HOLMES

ED

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date