

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43029

FILED
Apr 28, 2008
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: ANDERSON, KELLY
Address: 5810 SADDLE TRAIL LANE
City-St-Zip: LAKE WORTH, FL 33467

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PHILLIP, STELLY
Address: 1779 LEN DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

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

Title: TRSR (X) Change () Addition
Name: O'BYRNE, KAREN
Address: 2832 NE 22ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

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 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

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date