

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43029

FILED
May 04, 2010
Secretary of State

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

Current Principal Place of Business:

AT GOOD SAMARITAN MEDICAL CENTER
1309 N. FLAGLER DRIVE, 5TH FLOOR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

AT GOOD SAMARITAN MEDICAL CENTER
1309 N. FLAGLER DRIVE, 5TH FLOOR
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0254225 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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
Name: ANDERSON, KELLY
Address: 9723 PHIPPS LANE
City-St-Zip: WELLINGTON, FL 33414

Title: TRSR
Name: LICAMARA, TERESA
Address: 6121 INDIAN FOREST CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANITA HOLMES

ED

05/04/2010

Electronic Signature of Signing Officer or Director

Date