

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N01000007700

Entity Name: FLORIDA BREAST CANCER COALITION RESEARCH
FOUNDATION, INC.

Current Principal Place of Business:

11900 BISCAYNE BOULEVARD
SUITE 288
NORTH MIAMI, FL 33181

Current Mailing Address:

11900 BISCAYNE BOULEVARD
SUITE 288
NORTH MIAMI, FL 33181 US

FEI Number: 01-0694045

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPURSO, JOHN P.
11900 BISCAYNE BOULEVARD
SUITE 288
NORTH MIAMI, FL 33181 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: JOHN CAPURSO

06/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name DURHAM, KATHY
Address 6610 FALCONSGATE AVENUE
City-State-Zip: FT LAUDERDALE FL 33331

Title DIRECTOR
Name MASOOD, SHAHLA DR
Address 655 WEST EIGHT STREET
City-State-Zip: JACKSONVILLE FL 32209

Title CHAIRMAN
Name DR. AIMEE SANCHEZ-ZADAK
Address 3161 SW 116 AVENUE
313A
City-State-Zip: DAVIE FL 33330

Title DIRECTOR
Name MENDLOW, LAWRENCE
Address 3912 ALCAZAR AVE
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name RUSH, LOWELL
Address 12627 NW 18TH PLACE
City-State-Zip: CORAL SPRINGS FL 33071

Title DIRECTOR
Name JERI FRANCOEUR
Address ONE SHARON TERRACE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name ROBINSON, VALENCIA
Address 1628 PICCADILLY DRIVE
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR
Name LYNCH, CONNOR DR.
Address H, LEE MOFFITT CANCER CTR SRB-3
12902 MAGNOLIA DR
City-State-Zip: TAMPA FL 33612

Continues on page 2

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: JOHN CAPURSO

**INTERIM PRESIDENT &
CEO**

06/18/2018

Officer/Director Detail Continued :

Title DIRECTOR
Name KHALED, ANNETTE DR.
Address UCF COLLEGE OF MEDICINE BURNETT SCHOOL
OF BIOMEDICAL SCIENCES
6900 LAKE NONA BLVD
City-State-Zip: ORLANDO FL 32827