2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43029

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

Current Mailing Address:

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

FEI Number: 65-0254225

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GABBARD, DAYVE
SUSAN G KOMEN SOUTH FLORIDA
1309 N FLAGLER DRIVE 5TH FL
WEST PALM BEACH, FL 33401 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: DAYVE GABBARD   01/06/2017

                        Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	TREASURER		Title	PRESIDENT
Name	BACHMAN, GEORGE M		Name	BERROCAL, CARLOS
Address	4127 CEDAR AVENUE		Address	18673 LAKE BEND DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410		City-State-Zip:	JUPITER FL 33458
Title	EXECUTIVE DIRECTOR		Title	VP
Name	GABBARD, DAYVE		Name	WEISS, JILL G.
Address	209 N. LAKESHORE DRIVE		Address	1029 RAINTREE DRIVE
City-State-Zip:	HYPOLUXO FL 33462		City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	SECRETARY			
Name	MULLINS, STACEY			
Address	16259 BRISTOL POINT DRIVE			
City-State-Zip:	DELRAY FL 33446			

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: DAYVE GABBARD   EXECUTIVE DIRECTOR   01/06/2017

            Electronic Signature of Signing Officer/Director Detail   Date