

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43029

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC0610648407**

**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  
Name           BACHMAN, GEORGE M  
Address        4127 CEDAR AVENUE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           PRESIDENT  
Name           BERROCAL, CARLOS  
Address        18673 LAKE BEND DRIVE  
City-State-Zip: JUPITER FL 33458

Title           EXECUTIVE DIRECTOR  
Name           GABBARD, DAYVE  
Address        209 N. LAKESHORE DRIVE  
City-State-Zip: HYPOLUXO FL 33462

Title           VP  
Name           WEISS, JILL G.  
Address        1029 RAINTREE DRIVE  
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