

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43029

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC0742383195**

**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:**

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

**Officer/Director Detail :**

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

Title            VP  
Name            BECKER, MICHAEL  
Address        115 REMO PLACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            TREASURER  
Name            SMITH, SUSAN  
Address        11085 NW 20TH DRIVE  
City-State-Zip: CORAL SPRINGS FL 33071

Title            VICE TREASURER  
Name            LICAMARA, TERESA A  
Address        6121 INDIAN FOREST CIRCLE  
City-State-Zip: LAKE WORTH FL 33463

Title            SECRETARY  
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

*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**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date