

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43029

Entity Name: THE SOUTH FLORIDA CHAPTER OF THE KOMEN FOUNDATION, INC.**FILED**
Jan 09, 2015
Secretary of State
CC9273372640**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	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****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date