

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90073 022 \*\*\*\*61.25

**DOCUMENT # F00000000290**

1. Entity Name

**CENTRAL FLORIDA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.**



Principal Place of Business

**5005 LBJ FREEWAY  
DALLAS TX 75244**

Mailing Address

**5005 LBJ FREEWAY  
DALLAS TX 75244**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**75-2854957**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PE** ☐ Delete  
NAME **MOWREY, LAURA**  
STREET ADDRESS **2733 SPRUCE CREEK BLVD**  
CITY-ST-ZIP **DAYTONA BCH FL 32128**

TITLE **T** ☒ Delete  
NAME **PANKRATZ, RICK**  
STREET ADDRESS **220 S RIDGEWOOD AVE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **MGRM** ☒ Delete  
NAME **GOODSON, RHODA B**  
STREET ADDRESS **1235 CHARTER OAKS CIR**  
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **S** ☐ Delete  
NAME **LEVERING, CATHY**  
STREET ADDRESS **100 INTERNATIONAL DR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

TITLE **D** ☒ Delete  
NAME **COLLINS, PAT**  
STREET ADDRESS **847 STERTHAUSE DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **TD** ☒ Delete  
NAME **DEVORE, ELLEN**  
STREET ADDRESS **10 RIO PINAR TRAIL**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Cathy Chiumento**  
STREET ADDRESS **1149 John Anderson Dr.**  
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **Race Director** ☐ Change ☒ Addition  
NAME **Ray Hoyt**  
STREET ADDRESS **1735 Gay Drive**  
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **Race Director** ☐ Change ☒ Addition  
NAME **Ray Hoyt**  
STREET ADDRESS **1735 Gay Drive**  
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **Race Director** ☐ Change ☒ Addition  
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NAME **Ray Hoyt**  
STREET ADDRESS **1735 Gay Drive**  
CITY-ST-ZIP **Orlando, FL 32803**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Laura Mowrey* **Laura Mowrey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/19/04 (386) 451-7516**

Date

Daytime Phone #