

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000290

FILED  
Apr 29, 2006  
Secretary of State

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

**Current Principal Place of Business:**

5005 LBJ FREEWAY  
DALLAS, TX 75244

**New Principal Place of Business:**

**Current Mailing Address:**

5005 LBJ FREEWAY  
DALLAS, TX 75244

**New Mailing Address:**

**FEI Number:** 75-2854957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PE ( ) Delete  
Name: MOWREY, LAURA  
Address: 2733 SPRUCE CREEK BLVD  
City-St-Zip: DAYTONA BCH, FL 32128

Title: T ( ) Delete  
Name: CHIUMENTO, CATHY  
Address: 1149 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP (X) Delete  
Name: LEVERING, CATHY  
Address: 100 INTERNATIONAL DR  
City-St-Zip: DAYTONA BEACH, FL 32124

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PE (X) Change ( ) Addition  
Name: MOWREY, LAURA  
Address: 1994 ROYAL SAINT GEORGE COURT  
City-St-Zip: DAYTONA BCH, FL 32128

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURA MOWREY

PE

04/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date