

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005567

FILED
May 05, 2004
Secretary of State

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

Current Principal Place of Business:

5005 LBJ FREEWAY, SUITE 250
DALLAS, TX 75244

New Principal Place of Business:

Current Mailing Address:

5005 LBJ FREEWAY, SUITE 250
DALLAS, TX 75244

New Mailing Address:

FEI Number: 68-0523074

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: P () Delete
Name: LEICHTER, DARA
Address: 7690 CAMERUN CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: V () Delete
Name: SANDERS, MARCI
Address: 28404 DEL LARGO LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T () Delete
Name: SUTHERLAND, CAROLE
Address: 15769 SOUTH PEBBLE LANE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: ANDERSON, JANICE
Address: 543 SE 33RD TERRACE
City-St-Zip: CAPE CORAL, FL 339044919

Title: D () Delete
Name: STOCKARD, CAROL
Address: 16935 VILLAS SQUARE
City-St-Zip: FT MYERS, FL 339084532

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: DARA LEICHTER

P

05/05/2004

Electronic Signature of Signing Officer or Director

Date