

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005567

FILED
Jun 16, 2009
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:

26800 S. TAMiami TRAIL
SUITE 210
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 68-0523074 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: SANDERS, MARCI
Address: 9070 PALMAS GRANDES BLVD #202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ED () Delete
Name: OLSON, BONNIE L
Address: 23187 MARSH LANDING BLVD
City-St-Zip: ESTERO, FL 33928

Title: T () Delete
Name: IVERSON, GARY L
Address: 8704 BANYAN BAY BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: S () Delete
Name: NULMAN, PAM
Address: 8704 BANYAN BAY BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: PONTIUS, LOU
Address: 16742 PANTHER PAW COURT
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: MACDONALD, MARIANN
Address: 1895 E. GORDON DR
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ED (X) Change () Addition
Name: ROSS, MIRIAM
Address: 2614 TAMiami TRAIL W #215
City-St-Zip: NAPLES, FL 34103

Title: T (X) Change () Addition
Name: HARVEY, DEBORAH
Address: 801 LAUREL OAK DR. STE. 303
City-St-Zip: NAPLES, FL 34108

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 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: MIRIAM ROSS

ED

06/16/2009

Electronic Signature of Signing Officer or Director

Date