

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005567

FILED
Jan 11, 2011
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 32301 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: S
Name: MANGENE, ROBERT
Address: 5363 PALMETTO STREET
City-St-Zip: FORT MYERS BEACH, FL 33931

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

Title: T
Name: KING, JANUS
Address: 2426 BUTTERFLY PALM DRIVE
City-St-Zip: NAPLES, FL 34119

Title: D
Name: CONWAY, CAROL
Address: 4426 SE 1TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

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

Title: P
Name: MACDONALD, MARIANN
Address: 1895 E. GORDON DR
City-St-Zip: NAPLES, FL 34102

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: MIRIAM ROSS

ED

01/11/2011

Electronic Signature of Signing Officer or Director

Date