## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

110 N. MAGNOLIA ST.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name F93000004896 (7)

THE BREAST CANCER RESEARCH FOUNDATION, INC.

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

## **FILED** Apr 09 1998 8:00am Secretary of State

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10. Name and Address of New Registered Agent

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

Principal Place of	of Business	Mailing Address					
787 FIFTH AVE. 40TH FLOOR NEW YORK NY 10153		767 FIFTH AVE. 40TH FLOOR NEW YORK NY 10153		3. Date Incorporated or Qualified 10/29/1993			
				4. FEI Number	Applied For		
				13-3727250	Not Applicable		
2. Principal Place of Business		2a. Mailing Address 28		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?			
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the operational Property Tax due June 30	current year Intangible		

TALLAHASSEE FL 32301 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

81 Name

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agent. i e	im tantiliar with, and accept the dongadons of, Section	1617.0303, MORE	ia olatutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e (NOTE: R	legistered Agent signature rec	outred when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	·	ITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Addition	
RAME	LAUDER, EVELYN H		1.2 NAME				
STREET ADDRESS	767 FIFTH AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition	
NAME	KRULEWITCH, DEBORAH		2.2 NAME				
STREET ADDRESS	767 FIFTH AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		<u> </u>		
TITLE	D	DELETE	3.1 TITLE		Change	Addition	
NAME	MAGRAM, SAUL H	:	3.2 NAME				
STREET ADDRESS	767 FIFTH AVE.		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE		☐ Change	Addition .	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 City+St-ZiP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE: