


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State


03-22-2004 90035 013 ****61.25

DOCUMENT # F99000006677	
1. Entity Name FLORIDA SUNCOAST AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.	

Principal Place of Business 5005 LBJ FREEWAY DALLAS TX 75244	Mailing Address 5005 LBJ FREEWAY DALLAS TX 75244
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

54020788



MOORE CR2E037 (11/03)

4. FEI Number 75-2870702	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

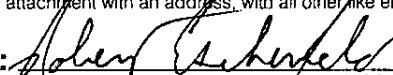
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>PD <input checked="" type="checkbox"/> Delete HALL, BARBARA J M.D. 115 EDGEWATER DRIVE DUNEDIN FL 34698</p> <p>P <input type="checkbox"/> Delete ESCHENFELDER, ROBERT ESQ 532 6TH AVENUE NORTH SAINT PETERSBURG FL 33701</p> <p>D <input type="checkbox"/> Delete BREWER, SHERRY 355 BRIGHT WATERS BLVD. SAINT PETERSBURG FL 33704</p> <p>D <input type="checkbox"/> Delete SPERBER, DONNA M.D. 1130 - 80TH STREET COURT SOUTH ST. PETERSBURG FL 33707</p> <p>SPFD <input checked="" type="checkbox"/> Delete COURIS, JOHN D 4949 CROSS POINTE DRIVE OLDSMAR FL 34677</p> <p>Vice President <input type="checkbox"/> Delete LAMBERT, FRAN 7921 WYNDHAM CT UNIVERSITY PARK FL 34201</p>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DENISE RICKARD 212 MOBBLY BAY DR. OLDSMAR, FL 34677</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JENNIFER WILLIAMS 13708 SINGLEY ST. REVERVIEW, FL 33569</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROBERT ESCHENFELDER** **3/18/04** **7274035007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #