

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006677

FILED
Apr 27, 2007
Secretary of State

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

Current Principal Place of Business:

5005 LBJ FREEWAY
DALLAS, TX 75244

New Principal Place of Business:

5005 LBJ FREEWAY
SUITE 250
DALLAS, TX 75244

Current Mailing Address:

5005 LBJ FREEWAY
DALLAS, TX 75244

New Mailing Address:

5005 LBJ FREEWAY
SUITE 250
DALLAS, TX 75244

FEI Number: 75-2870702

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: T () Delete
Name: WHITEMAN, THOMAS CPA
Address: 1840 4TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: P (X) Delete
Name: LAMBERT, FRANCES
Address: 7921 WYNDHAM COURT
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: D () Delete
Name: BREWER, SHERRY
Address: 355 BRIGHT WATERS BLVD.
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VP () Delete
Name: KRAVITZ, GINA
Address: 2087 ILLINOIS AVENUE N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: S (X) Delete
Name: BRENNEMAN, JENNIFER
Address: 730 ROYAL GLEN DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: MALTZ, HARRIET
Address: 7477 OAK MOSS DRIVE
City-St-Zip: SARASOTA, FL 34241

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: P (X) Change () Addition
Name: KRAVITZ, GINA
Address: 2087 ILLINOIS AVENUE N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

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: GINA KRAVITZ

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date