

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006677

FILED  
Apr 23, 2009  
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  
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:** 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 ( ) Delete  
Name: LUONGO, JAN  
Address: 15310 AMBERLY DRIVE SUITE 215  
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete  
Name: OSTEIN, MARY  
Address: 8115 N FIELDING  
City-St-Zip: TAMPA, FL 33604

Title: S ( ) Delete  
Name: MEEHAN, PAT  
Address: 100 N TAMPA ST SUITE 4100  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: BREWER, SHERRY  
Address: 355 BRIGHTWATERS BLVD NE  
City-St-Zip: ST PETERSBURG, FL 33704

Title: VP (X) Change ( ) Addition  
Name: HARRIS, JULIA  
Address: 1200 ROXBURY DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

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: THOMAS R WHITEMAN JR

T

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date