2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
05-19-2002 90226 034 ****61.25

DOCUMENT # F99000006678

1. Entity Name

NORTH FLORIDA AFFILIATE OF THE SUSAN G. KOMEN BR EAST CANCER FOUNDATION, INC.

Principal Place of Business	Mailing Address
5005 LBJ FREEWAY DALLAS TX 75244	PO BOX 51351 JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-2844636 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWERS, GARY DR. 653 WEST 8TH STREET JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMASTER JOSH P 5004 BUTTONWOOD DR PONTE VEDRA FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, COLLEEN 2731 MADRID STREET JACKSONVILLE BEACH FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WISNOVSKY, GEORGE 552 LAKE RD PONTE VEDRA FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUCERMAN, JUDY LCSW 920-C THIRD STREET NEPTUNE BEACH FL 32266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEANS, ELIZABETH 4604 BLUFF AVE JACKSONVILLE FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERRILL, PATI 1021 PENMAN ROAD NEPTUNE BEACH FL 32266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FABIO, BARBARA 12787 EAGLESHAM DR JACKSONVILLE, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOHN, CINDY 3560 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRETZELL, JOHN 2301 FOXHAVEN DRIVE EAST JACKSONVILLE FL 32224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: [signature] LEMASTER 4/30/2002 (904) 285 4657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #