2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006678

FILED May 11, 2004 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 5005 LBJ FREEWAY DALLAS, TX 75244 **Current Mailing Address: New Mailing Address:** 11111-70 SAN JOSE BLVD. 4446 HENDRICKS AVENUE #334 JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32207 FEI Number: 75-2844636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TOWNSEND, DIANNE MS. Name: Name: 11691 CHERRY BARK DR. WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: (X) Change () Addition WILLIAMS, MARY MS. Name: DANHAUSER, SUSAN MS. Name: Address: 8087 SUN VALLEY DRIVE Address: 8605 ZOO PARKWAY City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32218 Title: () Delete Title: () Change () Addition GUNN, JENNIFER MS. Name: Name: 6231 STETLER DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MEANS, ELIZABETH Name: DURAN, DEBRA Address: 4604 BLUFF AVENUE Address: 256 CLOVER COURT City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32229 Title: () Delete Title: (X) Change () Addition FABIO, BARBARA BOHN, KELLI Name: Name: 12785 EAGLESHAM DRIVE 2871 MADRID AVENUE EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32217 Title: () Delete Title: (X) Change () Addition LINDSEY, ANGIE MRS. MOCK, LINDA Name: Name: Address: 1207 ARDSLEY RD. Address: 1070 E. ADAMS STREET JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32202 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIANNE TOWNSEND D 05/11/2004