

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006678

FILED  
Jan 10, 2005  
Secretary of State

**Entity Name:** NORTH FLORIDA 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:**

**Current Mailing Address:**

4446 HENDRICKS AVENUE  
#372  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 75-2844636

**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: D ( ) Delete  
Name: TOWNSEND, DIANNE MS.  
Address: 11691 CHERRY BARK DR. WEST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: DANHAUSER, SUSAN MS.  
Address: 8605 ZOO PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: GUNN, JENNIFER MS.  
Address: 6231 STETLER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: DURAN, DEBRA  
Address: 256 CLOVER COURT  
City-St-Zip: JACKSONVILLE, FL 32229

Title: D ( ) Delete  
Name: BOHN, KELLI  
Address: 2871 MADRID AVENUE EAST  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete  
Name: MOCK, LINDA  
Address: 1070 E. ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202

**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: D (X) Change ( ) Addition  
Name: CONRAD, BEVERLY  
Address: 1041 LARK STREET  
City-St-Zip: JACKSONVILLE, FL 32205

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 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: ANGIE LINDSEY

D

01/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date