2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

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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: SHEA, CHRIS MR.
Address: 116 PINE STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

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

Title: D ( ) Delete
Name: KARON, MAGGIE MS.
Address: 2876 SANS PAREIL STREET
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: JONES, CASEY
Address: 2550 BELFORT ROAD
City-St-Zip: JACKSONVILLE, FL 32256

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: D (X) Change ( ) Addition
Name: SHARP, BARBARA MD.
Address: 6326 SAN JOSE BLVD. WEST
City-St-Zip: JACKSONVILLE, FL 32217

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: ( ) 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: LINDA MOCK D 01/04/2008

Electronic Signature of Signing Officer or Director — Date