## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000006678

Jan 26, 2009 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 2014 UNIVERSITY BLVD. W. DALLAS, TX 75244

2ND FLOOR

JACKSONVILLE, FL 32217

**Current Mailing Address: New Mailing Address:** 

4446 HENDRICKS AVENUE 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

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Delete Title: (X) Change ( ) Addition DANHAUSER, SUSAN MS. Name: PATEL, URVASHI MS. Name:

Address: 8605 ZOO PARKWAY Address: 612 PALMERA DRIVE E. City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: PONTE VEDRA, FL 32082

Title: () Delete Title: (X) Change ( ) Addition

KARON, MAGGIE MS. ALLEN, LINDA Name: Name: 2876 SANS PAREIL STREET 1387 CLOVERDALE LANE Address: Address:

City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Delete Title: (X) Change ( ) Addition

JONES, CASEÝ Name: Name: MARTIN, THERESA S 2550 BELFORT ROAD 2014 UNIVERSITY BLVD. W. Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete Title: (X) Change ( ) Addition

BOHN, KELLI KARON, MAGGIE Name: Name: 2871 MADRID AVENUE EAST 2876 SANS PAREIL ST. Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32246

Title: (X) Delete Title: () Change () Addition

MOCK, LINDA Name: Name: Address: 1070 E. ADAMS STREET Address: JACKSONVILLE, FL 32202 City-St-Zip: 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: THERESA S. MARTIN D 01/26/2009