

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006678

FILED
Apr 25, 2011
Secretary of State

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

Current Principal Place of Business:

2014 UNIVERSITY BLVD. W.
2ND FLOOR
JACKSONVILLE, FL 32217

New Principal Place of Business:

2950 HALCYON LANE
#501
JACKSONVILLE, FL 32223

Current Mailing Address:

4446 HENDRICKS AVENUE
#372
JACKSONVILLE, FL 32207

New Mailing Address:

2950 HALCYON LANE
#501
JACKSONVILLE, FL 32223

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: P
Name: ALLEN, LINDA MRS.
Address: 1387 CLOVERDALE LANE
City-St-Zip: JACKSONVILLE, FL 32221

Title: T
Name: MATTSON, SCOTT MR.
Address: 3732 PONCE DE LEON AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

Title: S
Name: CHENOT, TERI MRS.
Address: 8637 ROYALWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: GROB, BRUCE DR.
Address: 2950 HALCYON DRIVE #501
City-St-Zip: JACKSONVILLE, FL 32223

I hereby 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 all other like empowered.

SIGNATURE: LINDA ALLEN

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date