

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 16, 2012
Secretary of State

DOCUMENT# F99000006678

Entity Name: NORTH FLORIDA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.**Current Principal Place of Business:**2950 HALCYON LANE
#501
JACKSONVILLE, FL 32223**New Principal Place of Business:****Current Mailing Address:**2950 HALCYON LANE
#501
JACKSONVILLE, FL 32223**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: PRES
Name: ALLEN, LINDA MRS.
Address: 2950 HALCYON #501
City-St-Zip: JACKSONVILLE, FL 32223

Title: TREA
Name: MATTSON, SCOTT MR.
Address: 2950 HALCYON #501
City-St-Zip: JACKSONVILLE, FL 32223

Title: SECR
Name: MALY, HENRY MR.
Address: 2950 HALCYON #501
City-St-Zip: JACKSONVILLE, FL 32223

Title: D
Name: ANKIT, DESAI DR.
Address: 2950 HALCYON DRIVE #501
City-St-Zip: JACKSONVILLE, FL

Title: DIRE
Name: MURRAY, JOHN
Address: 2950 HALCYON DRIVE #501
City-St-Zip: JACKSONVILLE, FL 32223

Title: DIRE
Name: WHITE, TYLER
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

05/16/2012

Electronic Signature of Signing Officer or Director

Date