2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# F99000006678

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:

PO BOX 51351
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

11111-70 SAN JOSE BLVD.
#334
JACKSONVILLE, FL 32223-729

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: BOWERS, GARY DR.
Address: 653 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: LEMASTER, JOSH P
Address: 5004 BUTTONWOOD DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: WISNOVSKY, GEORGE
Address: 552 LAKE ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: MEANS, ELIZABETH
Address: 4604 BLUFF AVENUE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: FABIO, BARBARA
Address: 12785 EAGLESHAM DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TOWNSEND, DIANNE MS.
Address: 11691 CHERRY BARK DR. WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change ( ) Addition
Name: WILLIAMS, MARY MS.
Address: 8087 SUN VALLEY DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: LINDSEY, ANGIE MRS.
Address: 1207 ARDSLEY RD.
City-St-Zip: JACKSONVILLE, FL 32207

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: MARY WILLIAMS D 05/01/2003

Electronic Signature of Signing Officer or Director — Date