


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006060 1. Entity Name DOLLARS FOR MAMMOGRAMS, INC.	
--	---

Principal Place of Business P.O. BOX 366 ENGLEWOOD, FL 34295-0366	Mailing Address P.O. BOX 366 ENGLEWOOD, FL 34295-0366
---	---



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1753063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOLFF, LORI W 686 NORTH INDIANA AVENUE SUITE A ENGLEWOOD, FL 34223	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRURY, KARIN 64 WINDSOR DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOUBA, CAROL 470 CREEK LANE DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SLATTERY, IRENE 1645 A. MANOR ROAD ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERTLER, RITA 1030 LAMPP DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF, LORI W 686 NORTH INDIANA AVENUE #A ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANO, KATHY 1917 NEPTUNE DR. ENGLEWOOD, FL 34223

U00000393119
01/25/06-80007-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rita Bertler Rita Bertler 1/16/06 941-474-9154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILER OR DIRECTOR Date Daytime Phone #