

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90011 030 ****61.25

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**

40055000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
31-1753063

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of ~~Former~~ Registered Agent

Emery Wolff, LORI W
686 NORTH INDIANA AVENUE
SUITE A
ENGLEWOOD, FL 34223

*Same agent
(new married
name) ->*

Emery, Lori W (same agent)
686 North Indiana Avenue
Suite A
Englewood FL 34223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SCHROEDER, GRATIA D
STREET ADDRESS 2602 HERMITAGE BLVD
CITY-ST-ZIP VENICE, FL 34292 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME KOUBA, CAROL
STREET ADDRESS 470 CREEK LANE DRIVE
CITY-ST-ZIP ENGLEWOOD, FL 34223 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME KOWBOY, CAROL
STREET ADDRESS 470 CREEK LANE DRIVE
CITY-ST-ZIP ENGLEWOOD, FL 34223 ☒ Delete

TITLE S/D
NAME Koubas Carol
STREET ADDRESS 470 Creek Lane
CITY-ST-ZIP Englewood, FL 34223 ☒ Change ☐ Addition

TITLE PD
NAME BERTLER, RITA
STREET ADDRESS 1030 LAMPP DRIVE
CITY-ST-ZIP ENGLEWOOD, FL 34223 ☐ Delete

TITLE P/D/T
NAME Bertler, Rita
STREET ADDRESS 1030 Lampp Drive
CITY-ST-ZIP Englewood, FL 34223 ☒ Change ☐ Addition

TITLE D
NAME WOLFF, LORI W
STREET ADDRESS 686 NORTH INDIANA AVENUE #A
CITY-ST-ZIP ENGLEWOOD, FL 34223 ☐ Delete

TITLE D
NAME Emery, Lori W.
STREET ADDRESS 686 North Indiana Ave, Suite A
CITY-ST-ZIP Englewood, FL 34223 ☒ Change ☐ Addition

TITLE D
NAME MATHEWS, JOAN
STREET ADDRESS 1745 GULF BLVD
CITY-ST-ZIP ENGLEWOOD, FL 34223 ☐ Delete

TITLE V/D
NAME Mathews, Joan
STREET ADDRESS 1901 Illinois Avenue
CITY-ST-ZIP Englewood, FL 34223 ☒ Change ☐ Addition

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 Bentler* Rita Bentler President/Director 2/25/08 941-474-9154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone