

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006060

FILED
Mar 23, 2009
Secretary of State

Entity Name: DOLLARS FOR MAMMOGRAMS, INC.

Current Principal Place of Business:

P.O. BOX 366
ENGLEWOOD, FL 342950366

New Principal Place of Business:

1030 LAMPP DRIVE
ENGLEWOOD, FL 34223

Current Mailing Address:

P.O. BOX 366
ENGLEWOOD, FL 342950366

New Mailing Address:

FEI Number: 31-1753063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMERY, LORI W
686 NORTH INDIANA AVENUE
SUITE A
ENGLEWOOD, FL 34223 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: SD () Delete
Name: KOUBA, CAROL
Address: 470 CRK LN
City-St-Zip: ENGLEWOOD, FL 34223

Title: PDT () Delete
Name: BENTLER, RITA
Address: 1030 LAMPP DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: EMERY, LORI W
Address: 686 NORTH INDIANA AVENUE #A
City-St-Zip: ENGLEWOOD, FL 34223

Title: VD () Delete
Name: MATHEWS, JOAN
Address: 1901 ILLINO S AVE
City-St-Zip: ENGLEWOOD, FL 34223

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: KOUBA, CAROL
Address: 470 CREEK LN
City-St-Zip: ENGLEWOOD, FL 34223

Title: PD (X) Change () Addition
Name: BENTLER, RITA
Address: 1030 LAMPP DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

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

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

Title: TD () Change (X) Addition
Name: MARQUIS, BARBARA A
Address: 1047 BAYSHORE DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RITA BERTLER

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date