

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001023

FILED
Apr 23, 2009
Secretary of State

Entity Name: BREAST CANCER FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

3905 VERSAILLES DR.
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

3905 VERSAILLES DR.
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3698503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, NORMAN D II
3905 VERSAILLES DR.
TAMPA, FL 33634 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: PT () Delete
Name: ROGERS, NORMAN D II
Address: 113 GRADY AVE
City-St-Zip: TAMPA, FL 33609

Title: VT () Delete
Name: ROGERS, NORMAN D SR.
Address: 3905 VERSAILLES DR.
City-St-Zip: TAMPA, FL 33634

Title: VT () Delete
Name: RICHARDS, J.L. JR.
Address: 2502 OAK LANDING
City-St-Zip: BRANDON, FL 33511

Title: TT () Delete
Name: RUSSELL, GEORGE H JR
Address: 17500 OLD PASCO RD.
City-St-Zip: ZEPHYRHILL, FL 33543

Title: ST () Delete
Name: JOYNER, EDITH M
Address: 1918 138TH AVE.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ROGERS, NORMAN D II
Address: 3905 VERSAILLES DRIVE
City-St-Zip: TAMPA, FL 33634

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

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

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

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

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: NORMANDROGERS

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date