


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90009 008 \*\*\*\*61.25

<b>DOCUMENT # N01000001380</b> 1. Entity Name <b>FRIENDS OF THE BREAST - CANCER@MUN.CA LISTSERV, INC.</b>					
Principal Place of Business <b>1001 NE 26TH STREET FT. LAUDERDALE, FL 33305</b>			Mailing Address <b>1001 NE 26TH STREET FT. LAUDERDALE, FL 33305</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1088363</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LINDQUIST, MARIAN A ESQ. 1001 NE 26TH STREET FT. LAUDERDALE, FL 33305</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, LYNN F 145 NORTH 9 AVE. HIGHLAND PARK, NJ 08904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIEDMAN, NAOMI B 1731 NW 108 AVE. PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAY, HARRIET 8 TUPELO RD. WORCHESTER, MA 01606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBSTER, SARAH 618 DELAWARE AVE. NORFOLK, VA 23508	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVERE, BOBBIE 10 PINE VALLEY RD. JACKSON, NJ 08527	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JANET R 309 STAFFORDSHIRE IRVING, TX 75061	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			Director		
Secretary, Director			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>SIGNATURE:</b> <i>Naomi B Friedman</i> , Naomi B Friedman, Treasurer Jan 14					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

— See attached —

Attachment  
#N01000001380  
44002393

Vice President/Director  
Marjorie Gallece  
9314 Meadowheath Drive  
Austin, Texas 78729-2826

Vice President/Director  
Kathleen M. Weber  
7215 Glenthorne Road  
Upper Darby, Pennsylvania 19082-5108

Director  
Paula Campbell  
338 Ewing Terrace  
San Francisco, California 94118