2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006
Secretary of State

DOCUMENT# N01000006136

Entity Name: THE TRI-COUNTY BREAST CANCER SUPPORT GROUP, INC.

Current Principal Place of Business:

10051 NW 37TH AVE
CHIEFLAND, FL 32626

New Principal Place of Business:

102951 NW 37TH AVE
CHIEFLAND, FL 32626

Current Mailing Address:

P.O.BOX 38
CHIEFLAND, FL 32644

New Mailing Address:

FEI Number: 59-3739964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRIS, EVELYN M
10051 NW 37TH AVE
CHIEFLAND, FL 02626 US

Name and Address of New Registered Agent:

HARRIS, EVELYN M
102951 NW 37TH AVE
CHIEFLAND, FL 32626 US

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: _____ 09/06/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARRIS, EVELYN M
Address: 10051 NW 37TH AVE
City-St-Zip: CHIEFLAND, FL 02626

Title: D ( ) Delete
Name: GERRITY, JANET R
Address: 13490 NE 16TH AVE
City-St-Zip: TRENTON, FL 32693

Title: VD ( ) Delete
Name: SMITH, DOROTHY
Address: 74 NE 234TH AVE
City-St-Zip: CROSS CITY, FL 32628

Title: TD ( ) Delete
Name: MOORE, CHARLENE
Address: 209 S E 4TH STREET
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HARRIS, EVELYN M
Address: 102951 NW 37TH AVE
City-St-Zip: CHIEFLAND, FL 32626

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 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: EVELYN M. HARRIS PRES 09/06/2006
Electronic Signature of Signing Officer or Director — Date