

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003263

FILED
Apr 30, 2008
Secretary of State

Entity Name: SHARON MOSS BREAST CANCER AWARENESS FOUNDATION, INCORPRATED

Current Principal Place of Business:

471 LINCOLN AVE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

468 LINCOLN AVE
MERRITT ISLAND, FL 32953

Current Mailing Address:

PO BOX 540951
MERRITT ISLAND, FL 329540951

New Mailing Address:

FEI Number: 45-0511510 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOSS, WESLEY
7615 50TH AVE SOUTH
TAMPA, FL 336196983 US

Name and Address of New Registered Agent:

MOSS, WESLEY
15523 LONG CYPRESS DR
SUN CITY CENTER, FL 33573 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: _____

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOSS, GEORGE R
Address: PO BOX 540951
City-St-Zip: MERRITT ISLAND, FL 329540951

Title: D () Delete
Name: MOSS, MARY
Address: PO BOX 540951
City-St-Zip: MERRITT ISLAND, FL 329540951

Title: D () Delete
Name: MOSS, DAVID
Address: PO BOX 843
City-St-Zip: NOTRE DAME, IN 465560843

Title: D () Delete
Name: MOSS, RUTH
Address: 5759 MESA MOUNTAIN WAY
City-St-Zip: COLORADO SPRING, CO 80922

Title: D () Delete
Name: MOSS, WESLEY
Address: PO BOX 89055
City-St-Zip: TAMPA, FL 336890400

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change () Addition
Name: MOSS, RUTH
Address: P. O. BOX 540951
City-St-Zip: MERRITT ISLAND, FL 32964 09

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: RUTH MOSS

MS

04/30/2008

Electronic Signature of Signing Officer or Director

Date