

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003263

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** SHARON MOSS BREAST CANCER AWARENESS FOUNDATION, INCORPRATED

**Current Principal Place of Business:**

468 LINCOLN AVE  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**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 (X)**

**Name and Address of Current Registered Agent:**

MOSS, WESLEY  
15523 LONG CYPRESS DR  
SUN CITY CENTER, FL 33573      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: 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: P. O. BOX 540951  
City-St-Zip: MERRITT ISLAND, FL 32964 09

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: D      (X) Change ( ) Addition  
Name: MOSS, DAVID  
Address: PO BOX 84  
City-St-Zip: NOTRE DAME, IN 46556

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: RUTH MOSS

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date