

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012385

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** LUCY'S ANGELS FOR BREAST CANCER CARE, INC.

**Current Principal Place of Business:**

1495 GARDEN STREET  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

1495 GARDEN STREET  
LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PEREZ, DANIEL  
1495 GARDEN STREET  
LABELLE, FL 33935 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: PRES ( ) Delete  
Name: LITT, JUDY  
Address: 13122 E. HWY. 25 #1  
City-St-Zip: OCKLAWAHA, FL 32179

Title: PRES ( ) Delete  
Name: LITT, GORDON  
Address: 13122 E. HWY. 25 #1  
City-St-Zip: OCKLAWAHA, FL 32179

Title: VP ( ) Delete  
Name: PEREZ, DANIEL  
Address: 1495 GARDEN STREET  
City-St-Zip: LABELLE, FL 33935

Title: VP ( ) Delete  
Name: PEREZ, AMANDA  
Address: 1495 GARDEN STREET  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: KUNTZ, DIANE  
Address: 1840 PHILLIPS ROAD  
City-St-Zip: LABELLE, FL 33935

Title: TRES (X) Change ( ) Addition  
Name: PEREZ, ALEXANDRA  
Address: 1495 GARDEN STREET  
City-St-Zip: LABELLE, FL 33935

Title: SEC (X) Change ( ) Addition  
Name: PEREZ, AMANDA  
Address: 1495 GARDEN STREET  
City-St-Zip: LABELLE, FL 33935

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: JUDY LITT

PRES

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date