

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012385

FILED
Mar 23, 2009
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: 20-5988280

FEI Number Applied For ()

FEI Number Not Applicable ()

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: VP () Delete
Name: KUNTZ, DIANE
Address: 1840 PHILLIPS ROAD
City-St-Zip: LABELLE, FL 33935

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

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

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

Title: SEC (X) Change () Addition
Name: PEREZ, AMANDA
Address: 4010 HIGH CT
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: ALEXANDRA PEREZ

TRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date