

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N07000004082

1. Entity Name
**BIKERS4BOOBS & WALKERS4BOOBS FOR BREAST
CANCER AWARENESS CORP**



Principal Place of Business
**14497 OLIVER STREET
LARGO, FL 33774**

Mailing Address
**14497 OLIVER STREET
LARGO, FL 33774**



01032008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
06-1812986

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, EVI A
14497 OLIVER STREET
LARGO, FL 33774**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, EVI A 14497 OLIVER STREET LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREEN, TOM A 14497 OLIVER STREET LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATTERSON, ROBIN 4855 HARDING RD N ST. PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAUBITZ, GISELA 1432 DURLING DR. SOUTH SOUTH PASADENA, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000786472
01/17/08-80040-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evi Green* **EVI GREEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08

Date

727 698-0078

Daytime Phone #