2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N07000008098

Entity Name: ESSIE KNOWLES CANCER EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

1032 CENTER STONE LANE
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 31901
PALM BEACH GARDENS, FL 33420 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KNOWLES, MALACHI
1032 CENTER STONE LANE
RIVIERA BEACH, FL 33404 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: P ( ) Delete
Name: KNOWLES, ESMERALDA H
Address: P. O. BOX 31901
City-St-Zip: PALM BEACH GARDENS, FL 33404 US

Title: VP ( ) Delete
Name: GERLING, ELANA
Address: 1912 SW JAMESPORT DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: S ( ) Delete
Name: EDWARDS, BARBARA
Address: 1007 CENTER STONE LANE
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: T ( ) Delete
Name: KNOWLES, MALACHI
Address: P. O. BOX 31901
City-St-Zip: PALM BEACH GARDENS, FL 33404 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: JACKSON, CHARLAYNE
Address: PO BOX 31901
City-St-Zip: PALM BEACH GARDENS, FL 33420 US

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: ESMERALDA H. KNOWLES P 04/27/2008

Electronic Signature of Signing Officer or Director — Date