

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011232

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: WOMAN TO WOMAN BREAST CANCER FOUNDATION, INC

## Current Principal Place of Business:

11784 NW 5TH STREET  
PLANTATION, FL 33325

## New Principal Place of Business:

4850 W OAKLAND PARK BLVD  
225  
LAUDERDALE LAKES, FL 33313

## Current Mailing Address:

11784 NW 5TH STREET  
PLANTATION, FL 33325

## New Mailing Address:

4850 W OAKLAND PARK BLVD  
225  
LAUDERDALE LAKES, FL 33313

FEI Number: 26-1448585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD  
#221E  
PALM BEACH GARDENS, FL 33410 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: GRAY, JACQUELINE R  
Address: 11784 NW 5 STREET  
City-St-Zip: PLANTATION, FL 33325

Title: VP/T ( ) Delete  
Name: GRAY, KEVIN H  
Address: 11784 NW 5 STREET  
City-St-Zip: PLANTATION, FL 33325

Title: DIRE ( ) Delete  
Name: DAFNA LEBOW, M.D. GYNECOLOGY/OBSTERICS  
Address: 333 NW 70TH AVENUE, SUITE 120  
City-St-Zip: PLANTATON, FL 33312

Title: SE ( ) Delete  
Name: GRAY, KEANDRA D  
Address: 11784 NW 5 STREET  
City-St-Zip: PLANTATION, FL 33325

Title: DIRE ( ) Delete  
Name: DAVID DENNIS, M.D., ONCOLOGY/HEMATOLOGY  
Address: 260 SW84TH AVENUE, SUITE C  
City-St-Zip: PLANTATION, FL 33324

Title: DIRE ( ) Delete  
Name: FREDERICK N HERMAN M.D., F.A.C.S., F.A.S.C  
Address: 350 NW 84TH AVE STE 311  
City-St-Zip: PLANTATION, FL 33321

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

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: JACQUELINE R GRAY

CEO

03/31/2009

Electronic Signature of Signing Officer or Director

Date