

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011575

FILED
Apr 27, 2009
Secretary of State

Entity Name: LAROLYN L MCCOY BREAST CANCER FOUNDATION, INC

Current Principal Place of Business:

2811 BRIGATA WAY
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2811 BRIGATA WAY
OCOE, FL 34761

New Mailing Address:

FEI Number: 26-1386644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, CAROLYN
2811 BRIGATA WAY
OCOE, FL 34761 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: BISHOP, INGRID
Address: 8203 PALAZZO CT
City-St-Zip: ORLANDO, FL 32836

Title: VP () Delete
Name: HOPKINS, CLARICE
Address: 6210 RANIER DR
City-St-Zip: ORLANDO, FL 32810

Title: TRES () Delete
Name: WILSON, CAROLYN
Address: 2811 BRIGATA WAY
City-St-Zip: OCOE, FL 34761

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:

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: CAROLYN WILSON

DIRE

04/27/2009

Electronic Signature of Signing Officer or Director

Date