FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19742 (8)

1. Corporation Name

FRIENDS AFTER MASTECTOMY INC., (F.A.M.E.)

Principal Place of Business
~~1454 GALLO CT~~ 590 MINOR AV.
~~MELBOURNE FL 32935~~ PALM BAY, FL 32907
US

Mailing Address
~~PO BOX 362201~~
~~MELBOURNE FL 32936-2201~~
US

3. Date Incorporated or Qualified: 03/11/1987
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business
21 590 MINOR AVE NE
PALM BAY, FL 32907

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25 USA

Zip
29

Country
30

4. FEI Number: 59-2628064 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~TENG, KAREN~~ RUTH BAUSTERT
~~1454 GALLO CT.~~ 590 MINOR AVE., N.E.
~~MELBOURNE FL 32935~~ PALM BAY, FL 32907

10. Name and Address of New Registered Agent

81 Name: RUTH BAUSTERT
82 Street Address (P.O. Box Number is Not Acceptable): 590 MINOR AVE., N.E.
83 PALM BAY,
84 City: FL 85 Zip Code: 32907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 19 March 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	~~TENG, KAREN~~	
STREET ADDRESS	~~1454 GALLO CT~~	
CITY-ST-ZIP	~~MELBOURNE FL~~	
TITLE	VD	☒ DELETE
NAME	~~CARBONE, LUCY~~	
STREET ADDRESS	~~599 SEABREEZE DR.~~	
CITY-ST-ZIP	~~INDIALANTIC FL~~	
TITLE	SD	☒ DELETE
NAME	~~BUIKEMA, KATHELEN~~	
STREET ADDRESS	~~137 11TH AVE~~	
CITY-ST-ZIP	~~INDIALANTIC FL~~	
TITLE	TD	☐ DELETE
NAME	ZUGOLO, ELSIE ZUZOLO	
STREET ADDRESS	599 SEABREEZE DR	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Note Name misspelled

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	RUTH BAUSTERT	
1.3 STREET ADDRESS	590 MINOR AVE, NE	
1.4 CITY-ST-ZIP	PALM BAY, FL 32907	
2.1 TITLE	VD SHIRLEY KUNDE	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	554 PORT MALABAR BLVD.	
2.4 CITY-ST-ZIP	Palm Bay, FL 32905	
3.1 TITLE	SD DEE BAKER	☒ Change ☐ Addition
3.2 NAME	6610 Golfview Ave	
3.3 STREET ADDRESS	Cocoa, FL 32927	
3.4 CITY-ST-ZIP		
4.1 TITLE	TD ELSIE ZUZOLO	☐ Change ☐ Addition
4.2 NAME	599 SEABREEZE DR	
4.3 STREET ADDRESS	INDIALANTIC, FL 32903	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth D. Baustert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-22-96 Daytime Phone # 407/676/1375

FEB 20 1996