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 # N43029 (0)

1. Corporation Name

THE SOUTH FLORIDA CHAPTER OF THE KOMEN FOUNDATIO N, INC.

Principal Place of Business	Mailing Address
105 S. NARCISSUS AVE. SUITE 608 WEST PALM BEACH FL 33401	105 S. NARCISSUS AVE. SUITE 608 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 04/18/1991
3a. Date of Last Report: 02/06/1995

4. FEI Number: 75-1835298 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 319 Clematis St.	26 P.O. Box 880
22 Suite, Apt. #, etc. 210	27 Suite, Apt. #, etc.
23 City & State West Palm Beach, FL.	28 City & State West Palm Beach, FL.
24 Zip 33401 25 Country USA	29 Zip 33402 30 Country USA

9. Name and Address of Current Registered Agent

SMITH, JENNIFER
105 S NARCISSUS, SUITE 608
SUITE 608
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Smith, Jennifer
82 Street Address (P.O. Box Number is Not Acceptable): 319 Clematis Street
83: Suite 210
84 City: West Palm Beach **FL** 85 Zip Code: 33401

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: Jennifer Smith
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	11 TITLE	P	☐ Change ☑ Addition
NAME	BYRON, WILLIAM		12 NAME	Lisa Summerlot	
STREET ADDRESS	105 S. NARCISSUS AVE, SUITE 608		13 STREET ADDRESS	319 Clematis St. Suite 210	
CITY-ST-ZIP	WEST PALM BEACH FL		14 CITY-ST-ZIP	West Palm Beach, FL. 33401	
TITLE	D	☑ DELETE	21 TITLE	D	☐ Change ☑ Addition
NAME	PAPPAS, MARY ALICE		22 NAME	Jennifer Smith	
STREET ADDRESS	105 S. NARCISSUS AVE., SUITE 608		23 STREET ADDRESS	319 Clematis St. Suite 210	
CITY-ST-ZIP	WEST PALM BEACH FL		24 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	DT	☐ DELETE	31 TITLE	S	☑ Change ☐ Addition
NAME	SWYERS, ANDREA		32 NAME	Andrea Swyers	
STREET ADDRESS	105 S. NARCISSUS AVE., SUITE 608		33 STREET ADDRESS	319 Clematis St. Suite 210	
CITY-ST-ZIP	WEST PALM BEACH FL		34 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	P	☑ DELETE	41 TITLE	VP	☐ Change ☑ Addition
NAME	HANSEN, LINDA		42 NAME	Marie Gottfried	
STREET ADDRESS	105 S. NARCISSUS AVE., SUITE 608		43 STREET ADDRESS	319 Clematis St. Suite 210	
CITY-ST-ZIP	WEST PALM BEACH FL		44 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	☐ DELETE	51 TITLE	T	☑ Change ☐ Addition
NAME	BERMAN, EILEEN S		52 NAME	Eileen Berman	
STREET ADDRESS	105 S. NARCISSUS AVE., SUITE 608		53 STREET ADDRESS	319 Clematis St. Suite 210	
CITY-ST-ZIP	WEST PALM BEACH FL		54 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	☑ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	DAVERSA, RICHARD		62 NAME		
STREET ADDRESS	105 S NARCISSUS, SUITE 608		63 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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: Jennifer Smith 2/1/96 407 655-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #