

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90012 022 ****61.25

DOCUMENT # N44564 1. Entity Name PARTNERS FOR BREAST CANCER CARE, INC.					
Principal Place of Business 9470 HEALTHPARK CIRCLE FORT MYERS, FL 33908			Mailing Address 9470 HEALTHPARK CIRCLE FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40043455 	
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0290568	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REBSAMEN, PAT S 9470 HEALTHPARK CIRCLE FT. MYERS, FL 33908				7. Name and Address of New Registered Agent Name Janet Darnell Street Address (P.O. Box Number is Not Acceptable) 9470 Health Park Circle Fort Myers, FL City FL Zip Code 33908	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Janet Darnell, Program Director 03/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAYLOR, JOHN 1672 WHISKEY CREEK DR FT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nancy Solak 7146 Brentwood Drive Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, KATHRYN 1324 FLORIDA AVE FT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gayle Sandham 257 SE 46th Street Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, MARY KAY 1220 WALES DR. FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past-President John Naylor 1672 Whiskey Creek Drive Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WORDEN, JOHN DR 144 TROPICAL SHORES WAY FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, BARB 2608 SW 48TH TERRACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMMEL, DOTTIE 6219-131 TIMBERWOOD CIR FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: Gayle Sandham 03/26/07 (239)454-8583 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					