

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46390

FILED
Jan 06, 2004
Secretary of State**Entity Name:** THE LINDA TAMMARA BREAST CANCER MEMORIAL FUND, INC.**Current Principal Place of Business:**1010 SEMINOLE DR
APT 1210
FORT LAUDERDALE, FL 33304**New Principal Place of Business:****Current Mailing Address:**1010 SEMINOLE DR
APT 1210
FORT LAUDERDALE, FL 33304**New Mailing Address:****FEI Number:** 65-0306403**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TAMMARA, ROBERT L
1010 SEMINOLE DR.
APT. 1210
FORT LAUDERDALE, FL 33304 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:** PDT () Delete
Name: TAMMARA, DEANA
Address: 1010 SEMINOLE DR., APT. 1210
City-St-Zip: FORT LAUDERDALE, FL 33304**Title:** TDT () Delete
Name: TAMMARA, JONATHAN
Address: 1010 SEMINOLE DR., APT. 1210
City-St-Zip: FORT LAUDERDALE, FL 33304**Title:** SDT () Delete
Name: TAMMARA, ROBERT
Address: 1010 SEMINOLE DR. APT. 1210
City-St-Zip: FORT LAUDERDALE, FL 33304**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 for the exemption stated in Section 119.07(3)(i), 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: ROBERT L. TAMMARA

PDT

01/06/2004

Electronic Signature of Signing Officer or Director

Date