

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 # N93000003968 (5)

1. Corporation Name

THE FLORIDA BREAST CANCER COALITION, INC.



Principal Place of Business

1465 NE 123RD STREET
SUITE 807
MIAMI FL 33161
US

Mailing Address

1465 NE 123RD STREET
SUITE 807
MIAMI FL 33161
US

3. Date Incorporated or Qualified
09/01/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21 **600 GRAPETREE DRIVE**

2a. Mailing Address

26 **600 GRAPETREE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **APT 10 BS**

27 **APT 10 BS**

City & State

City & State

23 **KEY BISCAYNE**

28 **KEY BISCAYNE**

Zip

Country

Zip

Country

24 **33149**

25 **USA**

29 **33149**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANK, F P
BLANK, RIGSBY & MEENAN, P.A.
204 S. MONROE ST.
TALLAHASSEE FL 32301

81 Name **Jill Lawrence**
82 Street Address (P.O. Box Number is Not Acceptable)
5901 MAYNADA ST.
83 **FL**
84 City **Coral Gables**
85 Zip Code **33146**

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

Jill Lawrence

4-29-96

Signature filed 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	STOLFI, ALEX	1465 NE 123RD ST., SUITE 807	MIAMI FL	<input checked="" type="checkbox"/>
VD	BYRNE, CATRIONA	3342 NE 166TH STREET	N. MIAMI BEACH FL 33160	<input checked="" type="checkbox"/>
SD	BOCCARD, LISA	465 NE 88TH TERR.	MIAMI FL	<input checked="" type="checkbox"/>
TD	BOCCARD, LISA	465 NW 88TH TERRACE	MIAMI FL 33150	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
PD	TORRES, JANE	600 GRAPETREE DRIVE #10BS	KEY BISCAYNE, Fla. 33149	VD	Jill Lawrence	5901 MAYNADA ST.	Coral Gables, Fla. 33146	SD	JUDITH BRIGGS	9800 SW 189 ST.	MIAMI, Fla. 33157	TD	BARBARA GELBER	12705 SW 105 AVE	MIAMI, Fla. 33176								

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:

Jill Lawrence

4-29-96 (305) 665-7805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)