

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000000768 (9)

1. Corporation Name

FLORIDA BREAST CANCER COALITION, INC.



Principal Place of Business

Mailing Address

600 GRAPETREE DRIVE  
SUITE 10BS  
KEY BISCAYNE FL 33149

600 GRAPETREE DRIVE  
SUITE 10BS  
KEY BISCAYNE FL 33149-2703

3. Date Incorporated or Qualified  
02/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

65-0647157

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

10. Name and Address of New Registered Agent

TORRES, JANE A  
600 GRAPETREE DRIVE  
SUITE 10BS  
KEY BISCAYNE FL 33149

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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 PRESIDENT/DIRECTOR ☐ DELETE  
NAME JAMES TORRES  
STREET ADDRESS 600 GRAPETREE DRIVE #10BS  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VICE-PRESIDENT/DIRECTOR ☐ DELETE  
NAME JILL LAWRENCE  
STREET ADDRESS 5901 MAYNADA STREET  
CITY-ST-ZIP CORAL GABLES, FL 33146

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SECRETARY/DIRECTOR ☐ DELETE  
NAME JUDITH BRIGGS  
STREET ADDRESS 9800 SW 189TH STREET  
CITY-ST-ZIP MIAMI, FL 33157

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TREASURER/DIRECTOR ☐ DELETE  
NAME BARBARA GELBER  
STREET ADDRESS 12705 SW 105TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33176

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE BOARD MEMBER ☐ DELETE  
NAME LAURA NUGENT  
STREET ADDRESS 10635 NW 54TH STREET  
CITY-ST-ZIP MIAMI, FL 33178

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE BOARD MEMBER ☐ DELETE  
NAME CATRINA BYRNE  
STREET ADDRESS 4306 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH, FL 33140

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara Gelber* BARBARA GELBER, TREASURER 1/10/97 305-253-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030734

CR2E037 (9/96)