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NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # N96000000768

1. Corporation Name

FLORIDA BREAST CANCER COALITION, INC.

Principal Place of Business

600 GRAPETREE DRIVE  
SUITE 10BS  
KEY BISCAVNE FL 33149

Mailing Address

600 GRAPETREE DRIVE  
SUITE 10BS  
KEY BISCAVNE FL 33149



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/13/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0647157

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

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 BISCAVNE 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 DP ☐ DELETE

NAME TORRES JANE S  
STREET ADDRESS 600 GRAPETREE DRIVE #10BS  
CITY-ST-ZIP KEY BISCAVNE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

NAME LAWRENCE, JILL  
STREET ADDRESS 5901 MAYNADA STREET  
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE DS ☐ DELETE

NAME BRIGGS, JUDITH  
STREET ADDRESS 9800 SOUTHWEST 189TH STREET  
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME GELBER, BARBARA  
STREET ADDRESS 12705 SOUTHWEST 105TH AVENUE  
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME NUGENT, LAURA  
STREET ADDRESS 10635 NORTHWEST 54TH STREET  
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BYRNE, CATRINA  
STREET ADDRESS 4306 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with 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, with all other like empowered.

SIGNATURE:

*[Signature]* 1/15/99

305-253-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)