


FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N97000000085**
1. Corporation Name

**FLORIDA BREAST CANCER RESOURCE NETWORK
CORPORATION**

Principal Place of Business Mailing Address

**1236 S. Military Trail, #1524
Deerfield Beach, FL 33442**

3. Date Incorporated or Qualified
January 2, 1998

4. FEI Number **65-0725153**
Applied For ☐ Not Applicable ☐

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Angie Cline
2605 Castilla Isle
Ft. Lauderdale, FL 33301**

81 Name **Sandra Blank**
82 Street Address (P.O. Box Number is Not Acceptable)
1236 S. Military Trail, #1524
83
84 City **Deerfield Beach, FL** 85 Zip Code **33442**

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 **Sandra Blank**
Signature, typed or printed name of registered agent and fee applicant

Sandra Blank
(NOTE: Registered Agent signature required when reinstating)

4/5/98
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | President/Secretary <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sandra Blank | 1.2 NAME | |
| STREET ADDRESS | 1236 S. Military Trail, #1524 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Deerfield Beach, FL 33442 | 1.4 CITY-ST-ZIP | |
| TITLE | Vice President | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dee Sabers | 2.2 NAME | |
| STREET ADDRESS | 3710 Lakemont Court | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Lake Park, FL 33403 | 2.4 CITY-ST-ZIP | |
| TITLE | Director <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Miki Billian | 3.2 NAME | |
| STREET ADDRESS | 1366 S.W. 4th Court | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Boca Raton, FL 33432 | 3.4 CITY-ST-ZIP | |
| TITLE | Director <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Carol A. Milette | 4.2 NAME | |
| STREET ADDRESS | 20281 East Country Club Drive | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Apt. 1501 | 4.4 CITY-ST-ZIP | |
| TITLE | Aventura, FL 33180 <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Director | 5.2 NAME | |
| STREET ADDRESS | Louise Milone | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | 421 77th Street, #4 | 5.4 CITY-ST-ZIP | |
| TITLE | Miami Beach, FL 33141 <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Director | 6.2 NAME | |
| STREET ADDRESS | Gwen Leys, | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | 620 S.E. 5th Terrace | 6.4 CITY-ST-ZIP | |
| | Pompano Beach, FL 33060 | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Sandra Blank** **Sandra Blank**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000002512500
-05/06/98--01012--012
*****61.25**

4/5/98 (954) 418-1654

CR2E037 (10/97)