

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

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1. Corporation Name

**FLORIDA BREAST CANCER RESOURCE NETWORK CORPORATI
ON**

Principal Place of Business

**1236 S MILITARY TRAIL
DEERFIELD BEACH FL 33442**

Mailing Address

**1236 S MILITARY TRAIL
DEERFIELD BEACH FL 33442**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

65-0725153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**BLANK, SANDRA
1236 S MILITARY TRAIL
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

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 remitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PS
BLANK, SANDRA
STREET ADDRESS 1236 S MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME V
SABERS, DEE
STREET ADDRESS 3710 LAKEMONT CT
CITY-ST-ZIP LAKE PARK FL 33403

TITLE ☐ DELETE

NAME D
BILLIAN, MIKI
STREET ADDRESS 1366 SW 4TH CT
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME D
MILETT, CAROL A
STREET ADDRESS 20281 E COUNTRY CLUB DR, APT 1501
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☒ DELETE

NAME ~~MIKONE, LOUISE~~
STREET ADDRESS ~~421 27TH ST #44~~
CITY-ST-ZIP ~~MIAMI BEACH FL 33141~~

TITLE ☐ DELETE

NAME D
LEYS, GWEN
STREET ADDRESS 620 SE 5TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33060

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director
Karen Ciely
2211 N.E. 67th Street, #1124
Ft. Lauderdale, FL 33308

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: *Sandra Blank* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/99

CR2E037 (11/98)