


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90194 034 ****61.25

DOCUMENT # N97000000085 1. Entity Name FLORIDA BREAST CANCER RESOURCE NETWORK CORPORATION					
Principal Place of Business 2235 SPRING HARBOR DRIVE SUITE "L" DELRAY BEACH, FL 33445			Mailing Address 2235 SPRING HARBOR DRIVE SUITE "L" DELRAY BEACH, FL 33445		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0725153	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent BLANK, SANDRA 2235L SPRING HARBOR DRIVE DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANK, SANDRA 1236 S MILITARY TRAIL DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Blank, Sandra 2235L Spring Harbor Drive Delray Beach, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARLSEN, DIANA 4784 VALENCIA DRIVE DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karlsen, Diana 4801 Linton Blvd #A11-604 Delray Beach, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEILER, ELLEN 6 MIDDLESEX DRIVE WILTON MANORS, FL 33305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILAGROS, MEDINA 29771 S.W. 164TH COURT HOMESTEAD, FL 33033		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANGSTREICH, LINDA 6595 ABBEY RD PARKLAND, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CESARANO, TERESA 10081 SW 77TH CT MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Sandra Blank, President + SANDRA BLANK					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/8/06 Daytime Phone #: (561) 330-7109					