

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

**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**

40001111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01042007 Chg-NP CR2E037 (12/06)

Zip

Country

Zip

Country

4. FEI Number  
**65-0725153**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANK, SANDRA  
2235L SPRING HARBOR DRIVE  
DELRAY BEACH, FL 33445**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BLANK, SANDRA**  
STREET ADDRESS **2235 L SRPING HARBOR DR.**  
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **D** ☐ Delete  
NAME **KARLSEN, DIANA**  
STREET ADDRESS **4801 LINTON BLVD, # AH-604**  
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **D** ☒ Delete  
NAME **FEILER, ELLEN**  
STREET ADDRESS **6 MIDDLESEX DRIVE**  
CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **D** ☒ Delete  
NAME **MILAGROS, MEDINA**  
STREET ADDRESS **29771 S.W. 164TH COURT**  
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE **TD** ☐ Delete  
NAME **ANGSTREICH, LINDA**  
STREET ADDRESS **6595 ABBEY RD**  
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **D** ☐ Delete  
NAME **CESARANO, TERESA**  
STREET ADDRESS **10081 SW 77TH CT**  
CITY-ST-ZIP **MIAMI, FL 33156**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2235L Spring Harbor DR.**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4801 Linton Blvd, # A11-604**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, Exec. Dir. Sandra Blank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07 (561)336-7109

Date

Daytime Phone #