


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90182 001 ****61.25

DOCUMENT # N99000002993 1. Entity Name CONNIE J. GOODALE BREAST CANCER FOUNDATION, INC.					
Principal Place of Business 1818 MEADOW CT. WEST PALM BEACH, FL 33406			Mailing Address PO BOX 15015 WEST PALM BEACH, FL 33416		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03152004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0918010	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE, DEBRA 1818 MEADOW CT. WEST PALM BEACH, FL 33406			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, DEBRA		NAME		
STREET ADDRESS	1818 MEADOW CT.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUSCARI, KIM		NAME		
STREET ADDRESS	358 MADDOCK ST.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANGELOCCI, SUSAN		NAME		
STREET ADDRESS	7004 VEHEIAN WAY		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNINGHAM, SALLY		NAME		
STREET ADDRESS	7185 SE SEAGATE LANE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODWIN, KIMBERLY		NAME		
STREET ADDRESS	7604 PALM RD.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PADRON, OMAH		NAME	D Diaz, Ethna	
STREET ADDRESS	1416 TAHOE CT.		STREET ADDRESS	3605 S. Ocean Blvd. #539A	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	Palm Beach FL 33480	
12. 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 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: <u>Debra Moore</u>			4-2-04 561-734-500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		